

October 22, 2014

U.S. EPA, Region 9 NPDES/DMR, ENF-4-1 75 Hawthorne Street San Francisco, CA 94105-3901

Attention: Mr. Jared Blumenfeld

Re: Discharge Monitoring Report – Third Quarter 2014 Platforms Ellen, Elly, and Eureka NPDES Permit CAG280000

Dear Mr. Blumenfeld:

This letter and its attachments include Discharge Monitoring Reports (DMRs) for the reporting period of July, August, and September 2014 for Beta Offshore Platforms Ellen, Elly and Eureka.

All produced fluids from Platform Eureka are piped to Platform Elly for processing. Platforms Elly and Ellen are two separate platforms attached by a bridge, thus they have the same latitude and longitude listed in their DMRs. We have submitted separate DMRs for each of the three platforms since there are separate NPDES discharges associated with each platform. Oil production wells are located at Platforms Ellen and Eureka. Platform Elly serves as a processing facility and contains most of the production treatment processes. This is the only platform that may occasionally discharge produced water. There are no drilling related activities or wells on Platform Elly. Production fluids generated at Ellen and Eureka are sent to Elly for further processing and back to Ellen for injection.

Attachment 1: EPA DMR forms (3320-1) for Eureka, Elly and Ellen.

Attachment 2: Attachment 2 are listings of the chemical inventory for miscellaneous discharges (specifically non-contact cooling water) for each platform.

Attachment 3: Provides pre-dilution and post dilution chlorine results for non-contact cooling water discharges in accordance with Appendix C of the permit.

Attachment 4: Includes copies of the official state certified lab reports and laboratory quality control reports and other permit required information (EPA Methods, sample dates, etc.) for each Platform.

Mr. Blumenfeld October 22, 2014 Page 2 of 4

Discharge Overview

Drilling Muds and Cuttings (001):

On Platform Ellen drilling activities took place with Well A-21 during the months of June and July 2014 and the well was completed on July 25, 2014. Drilling activities also took place with Well A-49 during the months of August and September and the well was completed on September 13, 2014. There were no drilling discharges associated with these wells. As required in the permit, the results of the drilling monitoring activities are included within the DMR reporting period occurring at least 45 days after the completion of the well.

Produced Water (002):

Produced water dilution – Platform Elly: On rare occasions when produced water is discharged, often times the discharge may only occur for a few hours or less. In calculating the dilution for each quarter, we use the average produced water daily rate based on the actual barrels of water per day "rate". As an example, if 100 barrels were discharged in one hour, the actual rate would extrapolate to a 2400 barrels of water per day (BWD) "rate", instead of only 100 BWD. This better represents the flow velocity used in the EPA Plume dilution calculation. A dilution of 2160:1 was calculated for the quarter.

On July 30, Platform Elly discharged 50 barrels of produced water in a short period of time due to a sudden shut down of the injection system. The discharge was stopped before the operator could collect an oil and grease sample. Subsequent to the discharge, a 4-sample composite was taken. The water sampled was representative of the discharged water. The oil and grease result of 30.3 mg/l was slightly over the Monthly Average limit of 29 mg/l, but since only one daily sample was taken during the month, we were unable to produce a monthly average using multiple samples. The result was well under the Daily Maximum limit of 42 mg/l. EPA was notified on August 11. We did not treat this as an exceedance in the DMR. At no time did we expect there to be any threat to human health or the environment.

Well Treatment Completion and Workover Fluids (003):

WTCWF generated from Platform Ellen or Eureka would be commingled with the produced water at Platform Elly/Ellen. There were 2 well treatment, completion and workover fluid type jobs performed during this quarter at Platform Ellen. There was no discharge of fluids. A chemical inventory is available on request.

Deck Drains (004):

Platform Ellen's deck drains are commingled with production and sent to Platform Elly. Platform Elly's deck drain volumes are commingled with production at Elly and injected with produced water at Ellen (refer to produced water monitoring requirements in the DMR if discharged). Deck drains on Platform Eureka are sent to a disposal well on Eureka and not discharged.

Sanitary and Domestic Waste (005):

Platforms Ellen and Eureka both operate a United States Coast Guard approved Marine Sanitation Device (MSD). Although these devices are capable of treating both sanitary and domestic waste, some of the domestic waste (as laundry water) is not discharged. At Platform Ellen, these domestic waste water volumes are commingled with production and sent to Platform Elly/Ellen for injection with produced water. The sanitary waste commingles with sinks and shower water and is properly treated and chlorinated through the MSD discharged at Platform Ellen.

Mr. Blumenfeld October 22, 2014 Page 3 of 4

Platform Eureka also has sanitary and domestic waste water discharges (refer to the DMR). Domestic waste water (as laundry water) is sent to a disposal well and not discharged at Eureka. Sanitary wastes are treated through a USCG-approved MSD and discharged at Eureka. There are no sanitary/domestic waste discharges at Platform Elly.

The required annual Marine Sanitation Device (MSD) inspections were completed on May 25, 2014 at Platforms Ellen and Eureka. The inspections included a chlorine test to ensure proper operation and chlorine results are included in the DMRs. The MSDs are in good condition and operating properly. Full inspection reports are available upon request (there were no exceedances).

Fire water (008):

Fire water at Platforms Ellen and Elly are commingled with deck drains and injected with produced water at Platform Ellen. The fire water and deck drain volumes at Platform Eureka are sent to a disposal well and are not discharged. The fire water was reported as not being chlorinated at all three platforms.

Non-contact Cooling Water (009) - Combined with Excess Sea Water:

Non-contact cooling water (as sea water) can be discharged at all three platforms. Separate discharges occur through separate outfalls for each of the three platforms. Seawater pumps deliver water throughout the platforms for use as non-contact cooling water, marine sanitation device feed water and for sanitary usage supply. Any excess seawater not used for these sources has been previously reported under uncontaminated water in the DMRs under a separate discharge (016). When the non-contact cooling water is discharged it can be combined with the excess seawater discharges at Eureka and Ellen. Since the platforms add low dosages of chlorine treatment to this part of the system, chlorine monitoring has been performed on the chlorinated discharges and if applicable, includes excess seawater in addition to the non-contact cooling water. Thus, the DMR reports the total water discharged for both sources (non-contact cooling water and excess seawater). Both volumes and chlorine results for the combined discharges are listed in the DMR under non-contact cooling water for Eureka and Ellen. Elly has only non-contact cooling water. Any separate uncontaminated discharges that occur, will continue to be reported independently under discharge (016) in the DMR.

Permit limits for chlorine applicable to the non-contact cooling water were released in the March 2014 permit modification. The new required quarterly sampling is included in the DMR. The chemical inventory for non-contact cooling water (Attachment 2) was based on Operations' daily estimates using a Hach color wheel chlorine test kit.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C & 1001 and 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)

Mr. Blumenfeld October 22, 2014 Page 4 of 4

Should you have any questions or require any additional information, please contact me at (562) 628-1526.

Sincerely,

Marina Robertson HSE Manager

cc (via email):

Ms. Susan Zaleski Mr. James Salmons Bureau of Safety and Environmental Enforcement 770 Paseo Camarillo Camarillo, CA 93010-6064

Ms. Alison Dettmer Manager, Energy and Ocean Resources Unit California Coastal Commission 45 Fremont, Suite 2000 San Francisco, CA 94105-2219

Platform Elly Attachment 1

EPA DMR PERMIT NO. CAG280000

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

WELL DISCHARGE MONITORING REPORT (Well DMR)

No Discharge

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CAG280000 PERMIT NO. 001 DISCHARGE NO. Approved Form
OMB No. 2000-0015
DRILLING FLUIDS AND DRILL CUTTINGS (001)

Beta Platform Elly

LOCATION: 33° 35' .025"LAT., 118° 07' 37.52"LONG.

	MONITORING PERIOD									
YR	YR MO DAY YR MO DAY									
Fr	om: 14	07 01		То:	14 09 30					

NOTE: Read instructions before completing this form.

PARAMETER	e os ere obrahs s		Quantity or Lo	ading		Quality or C	oncentration		NO. EX.	Frequency Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units	1	,	71
DRILLING FLUIDS VOLUME Well # N / A	Sample Measurement		No Discharge	Barrels/							
July - September	Permit Requirement		Report	Well					1 15	1/well 1/day	Estimate
DRILLING FLUIDS VOLUME Quarterly Total	Sample		No Discharge	Barrels/				10 Mg			
Well # N / A July - September	Measurement Permit			Quarter	Let	and the second s					
DRILLING FLUIDS Annual Cumulative Volume Limit 4	Requirement Sample Measurement		Report 0	Barrels/	january just and						
03/03/2014 - 05/28/2014	Permit		49950*	Year							
DRILL CUTTINGS VOLUME Well # N / A	Requirement Sample Measurement		No Discharge	Barrels/							
July - September	Permit Requirement		Report	Well							
DRILL CUTTINGS VOLUME Quarterly Total	Sample Measurement		0	Barrels/							
July - September	Permit Requirement		Report	Quarter							
DRILLING FLUIDS Annual Cumulative Volume Limit ₁	Sample Measurement		0	Barrels/							
03/03/2014 - 05/28/2014	Permit Requirement		18,150*	Year						146	
DRILL FLUIDS/CUTTINGS Free Oil	Sample Measurement					No Discharge		# Days Sheen			
July - September	Permit Requirement				Negative Static S	Sheen Test/Free Oil		Observed		1/well 1/day	Visual Visual
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENAI	TY OF LAW THAT THIS DOCUMEN	T AND ALL ATTACHMENT	S WERE PREPARED UNDER			TELEPH	HONE	DAT	E
Jim Guion		MY DIRECTION OR SUPE PERSONNEL PROPERLY PERSON OR PERSONS 1	RVISION IN ACCORDANCE WITH A GATHER AND EVALUATE THE INFO WHO MANAGE THE SYSTEM, OR TO	SYSTEM DESIGNED TO DRMATION SUBMITTED. I HOSE PERSONS DIRECTI	ASSURE THAT QUALIFIED BASED ON MY INQUIRY OF THE LY RESPONSIBLE FOR	M. Robert		(562) 628	-1526	10 22	2014
Executive Vice President, Chief Operating Officer		GATHERING THE INFOR	MATION, THE INFORMATION SUBM	ITTED IS, TO THE BEST OF	OF MY KNOWLEDGE AND	Marina Robertsor	ı, HSE Manager	, , ,			
TVDED OD DD:::===		SUBMITTING FALSE INF VIOLATIONS, SEE 18 U.S	ORMATION INCLUDING THE POSSI S.C. & 1001 AND 33 U.S.C. & 1319. (BILITY OF FINE AND IMPR	RISONMENT FOR KNOWING E STATUTES MAY INCLUDE	Signature of PRINCIP		Area		MONTH/DAY/YEA	R
TYPED OR PRINTED COMMENT AND EXPLANATION OF ANY VIOLE	ATION (Defense		OR MAXIMUM IMPRISONMENT O	F BETWEEN 6 MONTHS A	IND 5 YEARS)	OFFICER or AUTHOR	RIZED AGENT	Code	Number	L	

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

There are no wells or drilling activities at Platform Elly.

Annual cumulative volume limit is applied to the cumulative volumes for the period of March 2014 through February 2015.

^{*} The total annual cumulative volume limit is a combined limit of drilling fluid volumes from both Platforms Ellen and Elly, as listed in the permit.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

CAG280000	
PERMIT NO.	

002
DISCHARGE NO.

No Discharge

Approved Form OMB No. 2000-0015

Beta Platform Elly

LOCATION: 33° 35' .025"LAT., 118° 07' 37.52"LONG.

	M	ONITOR	ING PE	RIOD	
YR	MO	DAY	YF	R MO	DAY
From:	14	07 01	To:	14	09 30

PRODUCED WATER (002)

(commingled with Platform Eureka & Ellen)

NOTE: Read instructions before completing this form.

PARAMETER			Quantity or Lo	ading		Quality or C	oncentration	NOTE. Nead in	NO. EX.	D. Frequency	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units	1		. , , , ,
PRODUCED WATER FLOW RATE 1	Sample Measurement	50		Monthly Average					0	1/day	Estimate
(commingled with Eureka and Ellen) July	Permit Requirement			bbl/Day						1/day	Estimate
	Sample Measurement	No Discharge		Monthly Average							
August	Permit Requirement			bbl/Day						1/day	Estimate
	Sample Measurement	No Discharge		Monthly Average							
September	Permit Requirement			bbl/Day						1/day	Estimate
ANNUAL CUMULATIVE Volume 2	Sample Measurement Permit		50	Barrels/ Year					0	1/quarter	Estimate
03/01/14 - 02/28/15	Requirement		10,950,000 *	Toal						1/quarter	Estimate
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	?	I CERTIFY UNDER PENALTY OF L	AW THAT THIS DOCUMENT AND	ALL ATTACHMENTS WERE	PREPARED UNDER			TELEPH	ONE	DA	TE
Jim Guion Executive Vice President,		MY DIRECTION OR SUPERVISION PERSONNEL PROPERLY GATHER PERSON OR PERSONS WHO MA GATHERING THE INFORMATION,	I IN ACCORDANCE WITH A SYSTI R AND EVALUATE THE INFORMAT NAGE THE SYSTEM, OR THOSE F THE INFORMATION SUBMITTED	EM DESIGNED TO ASSURE FION SUBMITTED. BASED O PERSONS DIRECTLY RESP IS, TO THE BEST OF MY KI	ETHAT QUALIFIED ON MY INQUIRY OF THE ONSIBLE FOR NOWLEDGE AND	M. Robin	lin	(562) 628	-1526	10 22	2014
Chief Operating Officer		BELIEF, TRUE, ACCURATE, AND G	COMPLETE. I AM AWARE THAT TO ON INCLUDING THE POSSIBILITY	HERE ARE SIGNIFICANT PE OF FINE AND IMPRISONME	ENT FOR KNOWING	Marina Robertson					
TYPED OR PRINTED		VIOLATIONS, SEE 18 U.S.C. & 100 FINES UP TO \$10,000 AND OR MA	XIMUM IMPRISONMENT OF BETV			Signature of PRINCIPA OFFICER or AUTHORI		Area Code Numb	er	MONTH/D	AY/YEAR

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

¹ Due to intermittent discharge, the monthly average flow rates are based on the number of days of discharge (not on the number of days in each month).

² Annual cumulative volume limit is applied to the cumulative volumes for the periods of March 2014 through February 2015.

^{*} The total annual cumulative volume limit is a combined limit of produced water volumes discharged from Platforms Ellen, Elly, and Eureka as listed in the NPDES permit. The 'sample measurement' listed is a combined total for Ellen, Elly, and Eureka.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

No	Discharge	

CAG280000 PERMIT NO. 002 DISCHARGE NO. Approved Form OMB No. 2000-0015

Beta Platform Elly

LOCATION: 33° 35' .025"LAT., 118° 07' 37.52"LONG.

		MO	NITORIN	IG PERI	OD		
1	/R	MO	DAY	YR	MO	DAY	
	Fre	om: 14 (07 01		To: 14	09 30	

PRODUCED WATER (002) Enforceable Limits

NOTE: Read instructions before completing this form.

PARAMETER			Quantity or L	oading		Quality or Co	oncentration	NOTE: Node III	NO. EX.	Frequency Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units	1		.,,,,
PRODUCED WATER OIL & GREASE 1	Sample Measurement					30.3	34.6		0	1/week *	Composite
July	Permit Requirement					29.0	42.0	mg/L		1/week	Grab/ Composite
	Sample Measurement					No Discharge	No Discharge				
August	Permit Requirement					29.0	42.0	mg/L		1/week	Grab/ Composite
	Sample Measurement					No Discharge	No Discharge				
September	Permit Requirement					29.0	42.0	mg/L		1/week	Grab/ Composite
PRODUCED WATER QUARTERLY											
CONSTITUENTS						N/A					
3-SPECIES TOXICITY						Pass / Fail				1 / quarter	Composite
PRODUCED WATER ANNUAL CONSTITUENTS						0.00820	0.00820		0	1/year	1/year
ZINC 2						N/A	N/A	mg/L		1/year	1/year
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	₹	I CERTIFY UNDER PENALT	Y OF LAW THAT THIS DOCUME	NT AND ALL ATTACHMEN	TS WERE PREPARED UNDER			TELEP	HONE		ATE .
Jim Guion Executive Vice President,		MY DIRECTION OR SUPERIOR PERSONNEL PROPERLY G PERSON OR PERSONS WITH	VISION IN ACCORDANCE WITH FATHER AND EVALUATE THE IN HO MANAGE THE SYSTEM, OR ATION, THE INFORMATION SUB	A SYSTEM DESIGNED TO FORMATION SUBMITTED. THOSE PERSONS DIRECT	BASED ON MY INQUIRY OF THE TLY RESPONSIBLE FOR OF MY KNOWLEDGE AND	M. Kha	the	(562) 628	3-1526	10 22	2014
Chief Operating Officer		BELIEF, TRUE, ACCURATE,	, AND COMPLETE. I AM AWARE	THAT THERE ARE SIGNII	FICANT PENALTIES FOR	Marina Robertson	, HSE Manager				
TYPED OR PRINTED COMMENT AND EXPLANATION OF ANY VIOLA			C. & 1001 AND 33 U.S.C. & 1319. OR MAXIMUM IMPRISONMENT	(PENALTIES UNDER THE	SE STATUTES MAY INCLUDE AND 5 YEARS)	Signature of PRINCIPA OFFICER or AUTHOR		Area Code Numb	I .		DAY/YEAR

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

Results showing NODI(B): below MDL. The maximum value of the analytical result is less than the laboratory's MDL (below detection level). Results showing NODI(Q): equal to or above the MDL, but less than the ML or PQL.

¹ Oil and grease sampling is weekly during discharge (no sample during weeks with no produced water discharges).

^{*} Refer to cover letter.

² There is no limit for zinc in the permit, Appendix B.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

No Discharge

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CAG280000 PERMIT NO. 003 DISCHARGE NO. Approved Form OMB No. 2000-0015

Beta Platform Elly LOCATION: 33° 35' .025"LAT., 118° 07' 37.52"LONG.

	MC	NITORIN	IG PERI	OD		
YR	MO	DAY	YR	MO	DAY	
Fı	rom: 14 (07 01		To: 14	09 30	

WELL TREATMENT, COMPLETION
AND WORKOVER FLUIDS (003)
(commingled with produced water at Plt Elly

NOTE: Read instructions before completing this form.

PARAMETER			Quantity or L	oading		Quality or Co	oncentration			Frequency Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units	1	1	.,,,,,
WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS ₁ FLOW	Sample Measurement		N/A	Barrels /							
July	Permit Requirement		Report	Job							
	Sample Measurement		N/A	Barrels /							
August	Permit Requirement		Report	Job		v					
	Sample Measurement		N/A	Barrels /							
September	Permit Requirement		Report	Job							
WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS 1											
OIL AND GREASE						MONTHLY AVERAGE	DAILY MAXIMUM				
	Sample Measurement					N/A	N/A				
July	Permit Requirement					29.0	42.0	mg/L		1/job	Grab
	Sample Measurement					N/A	N/A				
August	Permit Requirement					29.0	42.0	mg/L		1/job	Grab
	Sample Measurement					N/A	N/A				
September	Permit Requirement					29.0	42.0	mg/L		1/job	Grab
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	****	I CERTIFY UNDER PENALTY	OF LAW THAT THIS DOCUME	NT AND ALL ATTACHMENTS	WERE PREPARED UNDER			TELEPHONE	E	DATE	
Jim Guion Executive Vice President,		MY DIRECTION OR SUPERIOR PERSONNEL PROPERLY G PERSON OR PERSONS WH	VISION IN ACCORDANCE WITH ATHER AND EVALUATE THE IN IO MANAGE THE SYSTEM, OR	A SYSTEM DESIGNED TO A FORMATION SUBMITTED. B THOSE PERSONS DIRECTL	ASSURE THAT QUALIFIED ASSED ON MY INQUIRY OF THE Y RESPONSIBLE FOR E MY KNOW EDGE AND	M. Police	t	(562) 628	3-1526	10 22	2014
Chief Operating Officer		BELIEF, TRUE, ACCURATE, SUBMITTING FALSE INFOR	AND COMPLETE. I AM AWARE	THAT THERE ARE SIGNIFIC SIBILITY OF FINE AND IMPR	CANT PENALTIES FOR	Marina Robertson, HSE Manager				**************************************	
TYPED OR PRINTED COMMENT AND EXPLANATION OF	ANN/ MOLAT		& 1001 AND 33 U.S.C. & 1319. OR MAXIMUM IMPRISONMENT			Signature of PRINCIPAL EX		Area Code N	umber	MONTH/D	AY/YEAR

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

¹ When present, all WTCWF are commingled with production and sent to Platform Elly (refer to Plt Elly DMR). N / A: No WTCF discharged during this DMR period.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

No Discharge

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CAG280000 PERMIT NO. 003 DISCHARGE NO.

Approved Form OMB No. 2000-0015

Beta Platform Elly LOCATION: 33° 35' .025"LAT., 118° 07' 37.52"LONG.

	MONITORING PERIOD										
YR	MO	DAY	YR	MO	DAY						
	From:	14 07 01		To: 14	09 30						

WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS (003)

(commingled with produced water at Plt Elly)
NOTE: Read instructions before completing this form.

PARAMETER			Quantity or Load	ling	Quality or Concentration			NOTE: Node in	NO. Frequency EX. Analysis		Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			. , , , ,
WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS 1	Sample Measurement		No Discharge	Number							
July - September	Permit Requirement		Report	of jobs							
WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS ₁ STATIC	Sample Measurement					N/A		# Times			
SHEEN July - September	Permit Requirement				Negative Static	Sheen Test - # Times	observed-None	Sheen Observed		1/discharge	Grab
WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS	Sample Measurement					N/A					
Chemical Inventory July - September	Permit Requirement					Report				1/month	List
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALT	TY OF LAW THAT THIS DOCUMENT AND	ALL ATTACHMENTS WEF	RE PREPARED UNDER			TELEPHONE		DATE	
Jim Guion		MY DIRECTION OR SUPER	RVISION IN ACCORDANCE WITH A SYST	TEM DESIGNED TO ASSUR	ON MY INQUIRY OF THE	M. Robe	ulu	(562) 628	-1526	10 22	2014
Executive Vice President, Chief Operating Officer		GATHERING THE INFORM	WHO MANAGE THE SYSTEM, OR THOSE	D IS, TO THE BEST OF MY	SPONSIBLE FOR KNOWLEDGE AND	Marina Robertson	HSE Manager	(302) 020	-1520	10 22	2014
Office Operating Officer		SUBMITTING FALSE INFO	E, AND COMPLETE. I AM AWARE THAT	OF FINE AND IMPRISON	MENT FOR KNOWING						
TYPED OR PRINTED COMMENT AND EXPLANATION OF		FINES UP TO \$10,000 AND	C. & 1001 AND 33 U.S.C. & 1319. (PENAL)	WEEN 6 MONTHS AND 5		Signature of PRINCIPAL E OFFICER or AUTHORIZE		Area Code Nun	nber	MONTH/D	AY/YEAR

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

¹ When present, all WTCWF are commingled with production and sent to Platform Elly (refer to Plt Elly DMR).

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

CAG280000

PERMIT NO.

DISCHARGE MONITORING REPORT (DMR)

004 DISCHARGE NO. Approved Form

No Discharge

OMB No. 2000-0015

Beta Platform Elly LOCATION: 33° 35' .025"LAT., 118° 07' 37.52"LONG.

MONITORING PERIOD									
YR MO DAY	YR	MO	DAY						
From: 14 07 01		To: 14	09 30						

DECK DRAINAGE (004)
(Commingled with produced water)

NOTE: Read instructions before completing this form.

PARAMETER			Quantity or L	oading		Quality or C	oncentration		NO. EX.	Frequency Analysis	Sample Type	
,			Average	Units	Minimum	Average	Maximum	Units		,		
DECK DRAINAGE VOLUME FLOW	Sample			Mo. Avg.								
(commingled with produced water)	Measurement		N/A	bbl/day								
	Permit									1/month	Estimate	
July	Requirement		Report									
	Sample			Mo. Avg.						ton) - Tankasasi		
	Measurement		N/A	bbl/day								
	Permit									1/month	Estimate	
August	Requirement		Report									
	Sample			Mo. Avg.								
	Measurement		N/A	bbl/day								
	Permit									1/month	Estimate	
September	Requirement		Report									
DECK DRAINAGE	Sample						**************************************					
FREE OIL	Measurement		N/A	# Days		N/A						
	Permit			Sheen					1. 11. 2	1/day	Visual -	
July	Requirement		0	Observed	No free oil/visua	I sheen on the receiving	ng water.				Daylight	
	Sample											
	Measurement		N/A	# Days		N/A						
	Permit			Sheen						1/day	Visual -	
August	Requirement		0	Observed	No free oil/visua	I sheen on the receive	ng water.				Daylight	
	Sample										is the same	
	Measurement		N/A	# Days		N/A						
	Permit			Sheen						1/day	Visual -	
September	Requirement		0	Observed	No free oil/visua	I sheen on the receive	ng water.				Daylight	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALT	Y OF LAW THAT THIS DOCUME	ENT AND ALL ATTACHMENTS	WERE PREPARED UNDER		_	TELEPHO	NE	DATE		
		MY DIRECTION OR SUPER	VISION IN ACCORDANCE WITH	A SYSTEM DESIGNED TO A	SSURE THAT QUALIFIED		1					
		PERSONNEL PROPERLY	SATHER AND EVALUATE THE IN	FORMATION SUBMITTED, BA	ASED ON MY INQUIRY OF THE	m 1/Vul	lu					
Jim Guion		PERSON OR PERSONS W	HO MANAGE THE SYSTEM, OR	THOSE PERSONS DIRECTLY	Y RESPONSIBLE FOR	111.		(562) 62	8-1526	10 22	2014	
Executive Vice President,		GATHERING THE INFORM	ATION, THE INFORMATION SUE	BMITTED IS, TO THE BEST OF	F MY KNOWLEDGE AND							
Chief Operating Officer		BELIEF, TRUE, ACCURATE	, AND COMPLETE. I AM AWARI	E THAT THERE ARE SIGNIFIC	CANT PENALTIES FOR	Marina Robertson	, HSE Manager					
		SUBMITTING FALSE INFO	RMATION INCLUDING THE POS	SIBILITY OF FINE AND IMPRI	ISONMENT FOR KNOWING							
		VIOLATIONS, SEE 18 U.S.	C. & 1001 AND 33 U.S.C. & 1319	(PENALTIES UNDER THESE	STATUTES MAY INCLUDE	Signature of PRINCIPAL E	XECUTIVE	Area		MONTH/DAY/YEAR		
TYPED OR PRINTED		FINES UP TO \$10,000 AND	OR MAXIMUM IMPRISONMENT	OF BETWEEN 6 MONTHS AN	ND 5 YEARS)	OFFICER or AUTHORIZE	DAGENT	Code N	umber			

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

N / A: Deck drains are commingled with produced water (refer to produced water reporting requirements).

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Nο	Discharge
140	Discharge

CAG₂₈₀₀₀₀ PERMIT NO. 005 DISCHARGE NO.

Approved Form OMB No. 2000-0015

Beta Platform Elly LOCATION: 33° 35' .025"LAT., 118° 07' 37.52"LONG.

_	MC	NITORIN	IG PER	IQD	
_YR	MO	DAY	YR	MO	DAY
Fı	rom: 14	07 01		To: 14	09 30

SANITARY & DOMESTIC WASTES (005) (Domestic water commingled with Production)

			Quantity or L	On din a				NOTE: Read in		pefore completing the	
PARAMETER					Quality or Concentration				NO. Frequency EX. Analysis		Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units	7	7	.,,,,
SANITARY WASTES FLOW RATE	Sample Measurement	N/A		Monthly			THE ATTENDED				
July	Permit Requirement	Report		Average bbl/day						1/month	Estimate
	Sample Measurement	N/A		Monthly							
August	Permit Requirement	Report		Average bbl/day						1/month	Estimate
	Sample Measurement	N/A		Monthly							
September	Permit Requirement	Report		Average bbl/day						1/month	Estimate
SANITARY WASTE FLOATING SOLIDS	Sample Measurement		N / A	# days		N / A	A DEVARIANT SERVICE AND ADDRESS OF THE PROPERTY OF THE PROPERT				
July	Permit Requirement		0	observed		in the receiving water				1/day	Visual - Daylight
	Sample Measurement		N / A	# days		N / A	5.				Daylight
August	Permit Requirement		0	observed		in the receiving water				1/day	Visual - Daylight
	Sample Measurement		N / A	# days		N/A	5.				Daylight
September	Permit Requirement		0	observed		in the receiving water	"S.			1/day	Visual - Daylight
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALT	Y OF LAW THAT THIS DOCUME	ENT AND ALL ATTACHMENT							
			VISION IN ACCORDANCE WITH	A \$YSTEM DESIGNED TO	Assure that qualifieb	00	1	TELEPHON	IE	DATE	
Jim Guion Executive Vice President,		PERSONNEL PROPERLY OF PERSON OR PERSONS W GATHERING THE INFORM	ATHER AND EVALUATE THE IN HO MANAGE THE SYSTEM, OR ATION, THE INFORMATION SU	THOSE PERSONS DIRECT	BASED ON MY INQUIRY SETHE LY RESPONSIBLE FOR OF MY KNOWLEDGE AND	M. Cha	h	(562) 628	3-1526	10 22	2014
Chief Operating Officer		BELIEF, TRUE, ACCURATE SUBMITTING FALSE INFO	, AND COMPLETE. I AM AWAR	E THAT THERE ARE SIGNIF	RISONMENT FOR KNOWING	Marina Robertson	, HSE Manager				-
TYPED OR PRINTED		FINES UP TO \$10,000 AND	C. & 1001 AND 33 U.S.C. & 1319 OR MAXIMUM IMPRISONMENT	OF BETWEEN 6 MONTHS	140,007	Signature of PRINCIPAL E		Area Code	Number	MONTH/D	AY/YEAR

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

N / A: There are no discharges at Platform Elly. Sanitary volumes are discharged at Platform Ellen (refer to Plt. Ellen DMR).

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

CAG280000
PERMIT NO.

005
DISCHARGE NO.

No Discharge

Approved Form OMB No. 2000-0015

Beta Platform Elly

LOCATION: 33° 35' .025"LAT., 118° 07' 37.52"LONG.

MONITORI	NG PERIOD
YR MO DAY	YR MO DAY
From: 14 07 01	To: 14 09 30

SANITARY & DOMESTIC WASTES (005)
(Domestic water commingled with Production)

		I	Ouantity or I	0==1:===				NOTE: Read		s before complet	
PARAMETER			Quantity or L	oading		Quality or C	oncentration		NO. EX.		Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units	-	,	. , , , ,
SANITARY WASTE	Sample										767 Z. 378 S. 3
RESIDUAL CHLORINE	Measurement				N/A	N/A	N/A	mg/l			
	Permit						cessor cesoe acciden	- ···•	155.55		
July	Requirement				1 mg/l	N/A	10 mg/l			Monthly	Grab
	Sample								S 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	Measurement				N/A	N/A	N/A	mg/l			
A	Permit								100000		
August	Requirement				1 mg/l	N/A	10 mg/l			Monthly	Grab
Í	Sample										
	Measurement				N/A	N/A	N/A	mg/l			
Contourban	Permit										
September	Requirement				1 mg/l	N/A	10 mg/l			Monthly	Grab
	1							i se avellete.			
					300						
DOMESTIC WASTE 1	Sample									100	
FLOW RATE	Measurement	N/A		Monthly							
	Permit		one Publishered	Average						1/month	Estimate
July - September	Requirement	Report		bbl/day						1/111011111	Estimate
DOMESTIC WASTE	Sample						Desire de la constitución de la				
FOAM & FLOATING SOLIDS	Measurement		N/A	# days		N/A					
	Permit			observed		13773				1/day	Visual -
July - September	Requirement		0		No foam or floating	g solids in the receivi	ng waters			17day	Daylight
							ig watere.				Dayngin
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY	OF LAW THAT THIS DOCUME	ENT AND ALL ATTACHMENTS	WERE PREPARED UNDER			TELEPHONI	E	DATE	
		MY DIRECTION OR SUPERV	VISION IN ACCORDANCE WITH	A SYSTEM DESIGNED TO	ASSURE THAT QUALIFIED	1000	1				
Hara Carlana		PERSONNEL PROPERLY G	ATHER AND EVALUATE THE IN	FORMATION SUBMITTED. E	ASED ON MY INQUIRY OF THE	W/ 1/85	1-				
Jim Guion		PERSON OR PERSONS WH	HO MANAGE THE SYSTEM, OR	THOSE PERSONS DIRECTL	Y RESPONSIBLE FOR	0.1.		(562) 628	3-1526	10 22	2014
Executive Vice President,		GATHERING THE INFORMA	TION, THE INFORMATION SUE	BMITTED IS, TO THE BEST O	F MY KNOWLEDGE AND						
Chief Operating Officer		BELIEF, TRUE, ACCURATE,	AND COMPLETE. I AM AWARE	THAT THERE ARE SIGNIFIC	CANT PENALTIES FOR	Marina Robertson	, HSE Manager				
		SUBMITTING FALSE INFOR	MATION INCLUDING THE POS	SIBILITY OF FINE AND IMPR	ISONMENT FOR KNOWING						
TVDED OD bowers			. & 1001 AND 33 U.S.C. & 1319.			Signature of PRINCIPAL E.	KECUTIVE	Area		MONTH/D/	AY/YEAR
TYPED OR PRINTED COMMENT AND EXPLANATION OF ANY VIO		FINES UP TO \$10,000 AND O	OR MAXIMUM IMPRISONMENT	OF BETWEEN 6 MONTHS A	ND 5 YEARS)	OFFICER of AUTHORIZED	AGENT	Code N	umber		

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

N / A: There are no discharges at Platform Elly. Sanitary volumes are discharged at Platform Ellen (refer to Plt. Ellen DMR).

Domestic water, as laundry, is commingled with produced water and injected (refer to Produced Water). Domestic water from showers and sinks is commingled with sanitary at Platform Ellen (refer to Platform Ellen DMR).

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

CA	G280000
PEF	RMIT NO.

800
DISCHARGE NO.

No Discharge

Approved Form OMB No. 2000-0015

Beta Platform Elly LOCATION: 33° 35' .025"LAT., 118° 07' 37.52"LONG.

	MC	NITORII	NG PERI	OD		
YR	MO	DAY	YR	MO	DAY	
	From: 14	07 01		To: 14	09 30	

FIRE CONTROL WATER (008) (Commingled with production)

PARAMETER		Quantity or Loading			Quality or Concentration			NOTE: Read instructions NO. EX.		Frequency Analysis	Sample Type
			Average	Units	Minimum	Average	Maximum	Units			
FIRE CONTROL SYSTEM TEST WATER (008) - FOAM	Sample Measurement		0	# Days		No floating solids in the receiving water. No foam in the receiving water.				1/day	Visual - Daylight
FLOATING SOLIDSJuly	Permit Requirement		0	Observed	No floating solids in the receiving water. No foam in the receiving water. No floating solids in the receiving water. No foam in the receiving water.					1/day	Visual - Daylight
	Sample Measurement		0	# Days					0	1/day	Visual - Daylight
August	Permit Requirement		0	Observed	No floating solids in the receiving water. No foam in the receiving water.					1/day	Visual - Daylight
	Sample Measurement		0	# Days	No floating solids in the	2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			0	1/day	Visual - Daylight
September	Permit Requirement		0	Observed	No floating solids in the receiving water. No foam in the receiving water.					1/day	Visual - Daylight
						Monthly Average	Daily Maximum			,	_ ayiigiit
FIRE CONTROL SYSTEM TEST WATER (008) CHLORINE₁	Sample Measurement					N/A	N/A	ug/L			
July - September	Permit Requirement					N/A	N/A			1/month	Grab
	Sample Measurement										
	Permit Requirement										
FIRE CONTROL SYSTEM TEST WATER Chemical Inventory 1	Sample Measurement					N/A		ug/L		1/month	List
July - September	Permit Requirement					Report	_			1/month	List
Jim Guion Executive Vice President, Chief Operating Officer TYPED OR PRINTED		I CERTIFY UNDER RENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED BASED ON MY INCURRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS SEE 19 U.S.C. & 1001 AND 33 U.S.C. & 1319, (PENALTIES UNDER THRESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN MONTHS AND SYSARS)			BASED ON MY INQUIRY OF THE	MATINA ROBERTSON, HSE Manager		(562) 628-1526		10 22	2014
					PRISONMENT FOR KNOWING SE STATUTES MAY INCLUDE			Area Code N	umber	MONTH/DAY/YI	 EAR

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

N / A: Fire water is commingled with deck drains and produced water and is injected. Small amounts may be discharged overboard during fire water system testing.

The firewater is not chlorinated or chemically treated. Refer to produced water discharges.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

CAG280000
PERMIT NO.

009
ISCHARGE NO.

No Discharge

Approved Form OMB No. 2000-0015

Beta Platform Elly LOCATION: 33° 35' .025"LAT., 118° 07' 37.52"LONG.

	MO	NITORIN	NG PERI	OD		
YR	MO	DAY	YR	MO	DAY	
Fr	om: 14 (07 01		To: 14	09 30	

NON-CONTACT COOLING WATER (009)

NOTE: Read instructions before completing this form.

PARAMETER			Quantity or L	oading		Quality or (Concentration		NO. EX.	Frequency Analysis	Sample Type
			Average	Units	Minimum	Average	Maximum	Units			
NON-CONTACT COOLING	Sample										
WATER (009) - FLOW VOLUME ₁	Measurement		5,143	Barrels/					0	1/month	Estimate
July	Permit Requirement		Report	Report Day						1/month	Estimate
	Sample		\$40,000m, 200 to 200 at 10 000 co								
	Measurement		5,143	Barrels/					0	1/month	Estimate
August	Permit Requirement		Report	Day						1/month	Estimate
	Sample Measurement		5,143	Barrels/					0	1/month	Estimate
	Permit			Day							
September	Requirement		Report							1/month_	Estimate
NON-CONTACT COOLING WATER (009)	Sample				No floating solids in the	e receiving water.					Visual -
FOAM/FLOATING SOLIDS	Measurement		0	# Days	No foam in the receiving				0	1/day	Daylight
July	Permit Requirement		None	Observed	No floating solids in the No foam in the receiving					1/day	Visual - Daylight
	Sample				No floating solids in the	e receiving water.					Visual -
	Measurement		0	# Days	No foam in the receiving	-			0	1/day	Daylight
August	Permit Requirement		None	Observed	No floating solids in the					1/day	Visual - Daylight
	Sample Measurement		0	# Days	No floating solids in the receiving water. No foam in the receiving water.				0	1/day	Visual - Daylight
September	Permit Requirement		None	Observed						1/day	Visual - Daylight
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER						TELEPHON	TELEPHONE (562) 628-1526 1		
Jim Guion Executive Vice President, Chief Operating Officer		MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND			LY RESPONSIBLE FOR OF MY KNOWLEDGE AND	RESPONSIBLE FOR MY KNOWLEDGE AND					2014
		BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLIDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S. C. & 1001 AND 33 U.S. C. & 1310. (PENALTIES UNDER THESE STATUTES MAY INCLIDE Signature of PRINCIPAL EXECUTIVE					EXECUTIVE	Area		MONTH/I	DAY/YEAR
TYPED OR PRINTED COMMENT AND EXPLANATION OF ANY VIOLA			OR MAXIMUM IMPRISONMENT	OF BETWEEN 6 MONTHS	AND 5 YEARS)	OFFICER or AUTHORIZ	ED AGENT	Code Nu	umber		

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

¹ Non-Contact Cooling water is discharged separately.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDE\$)

DISCHARGE MONITORING REPORT (DMR)

CAG280000	
1	PERMIT NO.

009
DISCHARGE NO.

No Discharge

Approved Form OMB No. 2000-0015

Beta Platform Elly

LOCATION: 33° 35' .025"LAT., 118° 07' 37.52"LONG.

	MC	NITORIN	IG PER	IOD	
YR	MO	DAY	YR	MO	DAY
	rom: 14	07 01		To: 14	09 30

NON-CONTACT COOLING WATER (009)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Lo	pading		Quality o	NO. EX.	Frequency Analysis	Sample Type		
		Average	Units	Minimum	Monthly Average	Daily Maximum	Units		7	1,750
NON-CONTACT COOLING WATER (009) - CHLORINE ₁	Sample Measurement				0.0002	0.0002	mg/L	0	1/quarter	Grab
July - September	Permit Requirement				0.00585	0.0102			1/quarter	Grab
NON-CONTACT COOLING WATER (009) CHEMICAL INVENTORY				See Attachment #2 Chemical Inventory				0	1/month	List
July - September	_						1/month	List		
									100	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	ICE	ERTIFY UNDER PENALTY OF LAW THAT THIS DOCUME	NT AND ALL ATTACHMEN	ITS WERE PREPARED UNDER		D	TELEPHON	 	DATE	
Jim Guion Executive Vice President,		MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION, THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND						10 22	2014	
Chief Operating Officer TYPED OR PRINTED	BEL SUE	BELIEF, TRUE, ACCURATE, AND COMPLETE I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319, (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS) OFFICER OR AUTHORIZED AGENT Code Number							MONTH/E	AY/YEAR

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

Chlorine values reported above are post-dilution per EPA Plumes ÚM. Chlorine limits are post-dilution as listed in the permit, Appendix C.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

CAG280000
PERMIT NO.

019 DISCHARGE NO. No Discharge

Approved Form

OMB No. 2000-0015

X

EXCESS CEMENT SLURRY (019)

Number

Beta Platform Elly LOCATION: 33° 35' .025"LAT., 118° 07' 37.52"LONG.

MONITORING PERIOD

YR MO DAY YR MO DAY

From: 14 07 01 To: 14 09 30

NOTE: Read instructions before completing this form. Quality or Concentration Quantity or Loading NO. Frequency Sample PARAMETER Analysis EX. Type Units Minimum Maximum Units Average Average **EXCESS CEMENT SLURRY (019)** Sample FLOW VOLUME 1 No Discharge Monthly Measurement Average Permit July - September Report bbl/day 1/month Estimate Requirement EXCESS CEMENT SLURRY Sample ANNUAL CUMULATIVE VOLUME 2 No Discharge Barrels/ 0 Measurement Year Permit 4 1,200 * 03/01/14 - 02/28/15 Requirement EXCESS CEMENT SLURRY SHEEN Sample No Discharge TEST/FREE OIL, FOAM, FLOATING SOLIDS No Discharge # Days Measurement Sheen No foam or floating solids 1/well Visual Permit July - September Observed No Oil Rec. Water Requirement None 1/day NAME/TITLE PRINCIPAL EXECUTIVE OFFICER TELEPHONE DATE LY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED Jim Guion (562) 628-1526 10 22 2014 Executive Vice President, Chief Operating Officer Marina Robertson, HSE Manager MONTH/DAY/YEAR Signature of PRINCIPAL EXECUTIVE Area

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)

TYPED OR PRINTED

OFFICER or AUTHORIZED AGENT

The monthly average flow rates are based on the number of days of discharge (not on the number of days in each month).

² Annual cumulative volume limit is applied to the cumulative volumes for the period of March 2014 through February 2015. The total annual cumulative volume limit is a combined lin of excess cement slurry volumes from both Platforms Ellen and Elly, as listed in the permit.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

No Discharge

Х

CAG280000 PERMIT NO.

006,007,010,011,012,013,014

DISCHARGE NO.

Desalination Unit

Ballast/Storage Displacement

Bilge Water

Blowout Preventer Fluids

Approved Form OMB No. 2000-0015

Beta Platform Elly LOCATION: 33° 35' .025"LAT., 118° 07' 37.52"LONG.

	MC	MITORIN	IG PERI	OD		Boiler Blowdown
YR	MO	DAY	YR	MO	DAY	Test Fluids
Fr	om: 14	07 01		To: 14	09 30	Diatomaceous Earth Filter Media

NOTE: Read instructions before completing this form.

PARAMETER			Quantity or L	oading		Quality or Cor	ncentration	NO. EX.		Frequency Analysis	Sample Type
		Average Maximum Units Minimum Average Maximun		Maximum	Units	1		,,,,,			
(006) Blowout Preventer Fluids FREE OIL, FOAM, FLOATING	Sample Measurement					No Discharge	•			2015.055 1000-0-1	
SOLIDS	Permit				No free oil or floating	solids in the receiving water.				1/month	Visual
July - September	Requirement				No foam, in other than	trace amounts, in the receiving	water.			1/discharge	Rec. Water
(007) Desalination Unit	Sample										
FOAM, FLOATING	Measurement					No Discharge					
SOLIDS	Permit				No floating solids in th	e receiving water.				1/month	Visual
July - September	Requirement				No foam, in other than	trace amounts, in the receiving	water.			1/discharge	Rec. Water
(010) Ballast/Storage Displacement Wtr	Sample								TO ENGINE		
FLOW RATE, FREE OIL, FOAM, FLOATING	Measurement			Monthly		No Discharge					
SOLIDS	Permit			Average	No free oil or floating	solids in the receiving water.			946	1/month	Estimate /
July - September	Requirement	Report		bbl/day	No foam, in other than	trace amounts, in the receiving	water.			1/discharge	Visual Dayligh
(011) Bilge Water FLOW	Sample	and the second		514-95511.65							
FREE OIL, FOAM, FLOATING SOLIDS	Measurement			Monthly		No Discharge					
, ,	Permit			Average	No free oil or floating	solids in the receiving water.				1/month	Estimate
July - September	Requirement	Report		bbl/day	No foam, in other than	trace amounts, in the receiving	water.			1/discharge	
(012) Boiler Blowdown	Sample			Hillian Paris					25.004		
FOAM, FLOATING SOLIDS	Measurement					No Discharge					
,	Permit				No floating solids in th					1/month	Visual
July - September	Requirement					trace amounts, in the receiving	water.			1/discharge	Rec. Water
(013) Test Fluids * FLOW RATE	Sample										
FREE OIL, FOAM, FLOATING SOLIDS	Measurement			Monthly		No Discharge					
	Permit			Average	No free oil or floating	solids in the receiving water.				1/month	Estimate /
July - September	Requirement	Report		bbl/day		n trace amounts, in the receiving	water.			1/discharge	Visual Dayligh
(014) Diatomaceous Earth Filter Media	Sample	15.70 30.00									
FREE OIL, FOAM, FLOATING SOLIDS	Measurement					No Discharge					
,	Permit				No free oil or floating	solids in the receiving water.				1/month	Visual
July - September	Requirement					n trace amounts, in the receiving	water.			1/discharge	Rec. Wate
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALT	Y OF LAW THAT THIS DOCUME	INT AND ALL ATTACHMEN				TELEPHONE		DATE	1
		1	VISION IN ACCORDANCE WITH			\sim	A				
		PERSONNEL PROPERLY O	SATHER AND EVALUATE THE IN	FORMATION SUBMITTED.	BASED ON MY INQUIRY OF THE	my					
Jim Guion		MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE DEBONN OR DEPORTING MAIO MANAGE THE SYSTEM OR THOSE DEPORTING PROPERTY DESCRIPTIVE DESCRIPTIVE FOR					(562) 628	-1526	10 22	2014	
Executive Vice President.		GATHERING THE INFORM.	ATION, THE INFORMATION SUR	MITTED IS, TO THE BEST	OF MY KNOWLEDGE AND			(==, ==			
Chief Operating Officer		BELIEF TRUE ACCURATE	AND COMPLETE, I AM AWARE	THAT THERE ARE SIGNII	FIGANT PENALTIES FOR	Marina Robertson, I	HSE Manager				
		SUBMITTING FALSE INFOR	RMATION INCLUDING THE POS	SIBILITY OF FINE AND IMP	PRISONMENT FOR KNOWING						
		SUBMITTING PALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR			SE STATUTES MAY INCLUDE	MAY INCLUDE Signature of PRINCIPAL EXECUTIVE		Area		MONTH/	DAY/YEAR
TYPED OR PRINTED		FINES UP TO \$10 000 AND	OR MAXIMUM IMPRISONMENT	OF BETWEEN 6 MONTHS	AND 5 YEARS)	OFFICER or AUTHORIZED A			mber		
COMMENT AND EXPLANATION OF ANY VIOLA	ATION (Poforon							1			

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

mit

^{*} See Chemical Inventory, if discharged.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

No Discharge

X

CAG280000 PERMIT NO.

022 DISCHARGE NO. Approved Form OMB No. 2000-0015

Beta Platform Elly LOCATION: 33° \$5' .025"LAT., 118° 07' 37.52"LONG.

	MC	NITORI	IG PER	IOD		
YR	MO	DAY	YR	МО	DAY	
F	rom: 14	07 01		To: 14	09 30	

H2S Gas Processing Waste Water

						14 09 30	J			ing waste wa	
				-			NOTE: Read instructions before completing this for			g this form.	
PARAMETER			Quantity or L	oading —	Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
000) 1100 0 - D		Average	Maximum	Units	Minimum	Average	Maximum	Units	1	,,	. , , , ,
(022) H2S Gas Processing Waste Water	Sample								0.000115053	al a sikarbitatan i	10.50 (1.00 A) (10.00
FLOW RATE	Measurement			Monthly	hlv				1/discharge	Estimate	
	Permit			Average						alocitargo	Louinate
July - September	Requirement	Report		bbl/day						1/discharge	F-8
(022) H2S Gas Processing Waste Water	Sample		Sales established	Donady						Muscharge	Estimate
FREE OIL, FOAM, FLOATING SOLIDS	Measurement					Na Diaghanna				47.45	Visual -
, , , , , , , , , , , , , , , , , , , ,	Permit					No Discharge				1/discharge	Daylight
July - September	Requirement					lids in the receiving water.					Visual -
Surfactants, Detergents, Dispersants,	Sample				No foam, in other than t	race amounts, in the receiv	ring water.	6519 \$1.05 (E.E.	5 P 19 E	1/discharge	Daylight
arrangement, a consigning, and personnel											
	Measurement					Minimized			0		
	Permit										
	Requirement		design to the service			Minimize			10016		
						ASSESSED OF					Sept SA
				Reichard es							
				Verilla de la companya della companya della companya de la companya de la companya della company	1						
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			Company Company								
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALT	Y OF LAW THAT THIS DOCUME	ENT AND ALL ATTACHMEN	ITS WERE PREPARED UNDER		_	TELEPHONE	<u> </u>	DATE	
		MY DIRECTION OR SUPER	VISION IN ACCORDANCE WITH	A SYSTEM DESIGNED TO	ASSURE THAT QUALIFIED	. 00	1				
Jim Guion		PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE									
		MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR					(562) 628	3-1526	10 22	2014	
Executive Vice President,		GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND				(332) 323 1020					
Chief Operating Officer		BELIEF, TRUE, ACCURATE		THAT THERE ARE SIGNI		Marina Robertson	. HSE Manager				
		SUBMITTING FALSE INFO	RMATION INCLUDING THE POS	SIBILITY OF FINE AND IM	r		,				
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COMMENT AND EXPLANATION OF ANY VIOL	ATION (Peferer	ce all attachme	nte here \		TO S TEARS)	OF FIGER OF AUTHORIZED	J AGENT	Toode M	1111001	L	

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

¹ Any detergents, dispersants, or surfactants used are either included with sanitary and domestic discharges or produced water discharges.

Attachment 2 Chemical Inventory

ATTACHMENT 2 PLATFORM ELLY MISCELLANEOUS DISCHARGES CHEMICAL INVENTORY July 1, 2014 through September 30, 2014

Fluid Type 009 Non-contact Cooling Water	<u>Volume</u> (Monthly avg bbls per day)	Product Name	Estimated Chemical Quantity (Monthly avg gal per day)	Average End-of-Pipe ₁ Concentration (mg/l)
Too won contact cooming water				
July	5,143	Chlorine	0.11	0.5
August	5,143	Chlorine	0.11	0.5
September	5,143	Chlorine	0.13	0.6
008 Fire Control System Water	N/A	None	None	None
013 Test Fluids	No Discharge	No Discharge	None	None
017 Water Flooding Discharges	No Discharge	No Discharge	None	None
021 Hydrotest Water	No Discharge	No Discharge	None	None

¹ Chemical quantity for non-contact cooling water calculated with Operations daily monitoring results using a non-EPA chlorine test method (Hach DPD Color Wheel). The chlorine concentrations are the same for Ellly and Ellen since Ellen's seawater pump supplies the non-contact cooling water to Elly.

N / A: Not chlorinated

Attachment 3 Non-Contact Cooling Water Chlorine Residual Results

ATTACHMENT 3 PLATFORM ELLY NON-CONTACT COOLING WATER CHLORINE RESULTS July 1, 2014 through September 30, 2014

Discharge	Measurement Frequency	Average Monthly Limit ₁ Post Dilution	Maximum Daily Limit ₁ Post Dilution	Result Post Dilution	End-of-Pipe Concentration	EPA Plumes Dilution
<u>5100114190</u>	<u>. roquomoy</u>	(mg/l)	(mg/l)	(mg/l)	(mg/l) EPA Method 330.5	
009 Non-contact Cooling Water Sample Date: 07/29/14	Once/Quarter	0.00585	0.0102	0.0002	0.06	277:1

¹Limits are post-dilution as listed in the new permit, Appendix C.

Attachment 4

Laboratory reports for NPDES monitoring

Laboratory Quality Control Reports



August 13, 2014

Attn: Marina Robertson

Quarterly NPDES chlorine residuals on the non-contact cooling water outlet were as follows:

Sample Date / Time

Location

Total Chlorine Residual

(EPA Method 330.5)

Platform Elly / Ellen

End of Pipe

July 29, 2014 @ 1300 hrs

Non-Contact Cooling Water Outlet East Seawater Pump 0.06 mg/l

LTS Meter S/N: 12040E195572

Method Blank < 0.05 mg/l (MDL)

Technician: Cole Jenkins

S.G. Lawry

Environmental Specialist / LTS



September 8, 2014

Quality Control

As part of the annual in-house quality control chlorine meter check and to ensure proper operation of the meters, LTS Environmental performed a total residual chlorine test with a known value obtained from RT Corporation. Results of this test are as follows:

Test Date		
0 4 1	_	,

September 5, 2014

LTS meter (SN 041200088375) LTS meter (SN 12040E195572)

RT Corporation test sample: (Lot #QC1065-021081)

Acceptance Limits
Certified Value

Total Residual Chlorine

(EPA Method 330.5)

0.57 mg/l 0.52 mg/l

0.481 - 0.835 mg/l $0.658 \text{ mg/l} \pm 0.0110$

Method Blank < 0.05 mg/l

LTS Lead Technician: Mike Apple

S.G. Lawry

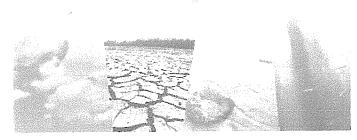
Environmental Specialist

President, LTS



WORK ORDER NUMBER: 14-07-2120

The difference is service



Analytical Report For

Client: Beta Offshore

Client Project Name: Weekly NPDES Produced Water Monitoring

Attention: Marina Robertson

111 W. Ocean Blvd., Suite 1240 Long Beach, CA 90802-4633

amande Porter

Approved for release on 08/04/2014 by: Amanda Porter

Project Manager

ResultLink > Email your PM >

Eurofins Calscience, Inc. (Calscience) certifies that the test results provided in this report meet all NELAC requirements for parameters for which accreditation is required or available. Any exceptions to NELAC requirements are noted in the case narrative. The original report of subcontracted analyses, if any, is attached to this report. The results in this report are limited to the sample(s) tested and any reproduction thereof must be made in its entirety. The client or recipient of this report is specifically prohibited from making material changes to said report and, to the extent that such changes are made, Calscience is not responsible, legally or otherwise. The client or recipient agrees to indemnify Calscience for any defense to any litigation which may arise.



Contents

Client Project Name:	Weekly NPE
Work Order Number:	14-07-2120

Weekly NPDES Produced Water Monitoring

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3	Quality Control Sample Data	6 6 8
4	Sample Analysis Summary	10
5	Glossary of Terms and Qualifiers	11
6	Chain-of-Custody/Sample Receipt Form	12



Work Order Narrative

Work Order: 14-07-2120 Page 1 of 1

Condition Upon Receipt:

Samples were received under Chain-of-Custody (COC) on 07/31/14. They were assigned to Work Order 14-07-2120.

Unless otherwise noted on the Sample Receiving forms all samples were received in good condition and within the recommended EPA temperature criteria for the methods noted on the COC. The COC and Sample Receiving Documents are integral elements of the analytical report and are presented at the back of the report.

Holding Times:

All samples were analyzed within prescribed holding times (HT) and/or in accordance with the Calscience Sample Acceptance Policy unless otherwise noted in the analytical report and/or comprehensive case narrative, if required.

Any parameter identified in 40CFR Part 136.3 Table II that is designated as "analyze immediately" with a holding time of <= 15 minutes (40CFR-136.3 Table II, footnote 4), is considered a "field" test and the reported results will be qualified as being received outside of the stated holding time unless received at the laboratory within 15 minutes of the collection time.

Quality Control:

All quality control parameters (QC) were within established control limits except where noted in the QC summary forms or described further within this report.

Additional Comments:

Air - Sorbent-extracted air methods (EPA TO-4A, EPA TO-10, EPA TO-13A, EPA TO-17): Analytical results are converted from mass/sample basis to mass/volume basis using client-supplied air volumes.

New York NELAP air certification does not certify for all reported methods and analytes, reference the accredited items here: http://www.calscience.com/PDF/New_York.pdf

Solid - Unless otherwise indicated, solid sample data is reported on a wet weight basis, not corrected for % moisture. All QC results are always reported on a wet weight basis.

Subcontractor Information:

Unless otherwise noted below (or on the subcontract form), no samples were subcontracted.

07/31/14

Beta Offshore

Calscience

Analytical Report

Date Received:

111 W. Ocean Blvd., Suite 1240 Work Order: 14-07-2120 Long Beach, CA 90802-4633 Preparation: N/A Method: **EPA 1664A** Units: mg/L Project: Weekly NPDES Produced Water Monitoring Page 1 of 1 Client Sample Number Lab Sample Date/Time Matrix Instrument Date Date/Time QC Batch ID Analyzed Number Collected Prepared NPDES Prod. Water 14-07-2120-1-A 07/30/14 Aqueous N/A 08/02/14 08/02/14 E0802HEML1 19:53 18:00 Comment(s): - Results were evaluated to the MDL (DL), concentrations >= to the MDL (DL) but < RL (LOQ), if found, are qualified with a "J" flag. <u>Parameter</u> Result RL MDL <u>DF</u> Qualifiers HEM: Oil and Grease 34.6 1.00 0.800 1.00 NPDES Prod. Water 14-07-2120-1-B 07/30/14 Aqueous N/A 08/05/14 08/05/14 E0805HEML1 16:00 Comment(s): - Results were evaluated to the MDL (DL), concentrations >= to the MDL (DL) but < RL (LOQ), if found, are qualified with a "J" flag. <u>Parameter</u> Result RL MDL DF Qualifiers HEM: Oil and Grease 26.0 1.00 0.800 1.00 NPDES Prod. Water 07/30/14 19:53 14-07-2120-1-C N/A 08/05/14 Aqueous 08/05/14 E0805HEML1 16:00 Comment(s): - Results were evaluated to the MDL (DL), concentrations >= to the MDL (DL) but < RL (LOQ), if found, are qualified with a "J" flag. Parameter Result <u>DF</u> MDL HEM: Oil and Grease 32.1 1.00 0.800 1.00 NPDES Prod. Water 14-07-2120-1-D 07/30/14 N/A 08/05/14 08/05/14 Aqueous E0805HEML1 - Results were evaluated to the MDL (DL), concentrations >= to the MDL (DL) but < RL (LOQ), if found, are qualified with a "J" flag. Comment(s): **Parameter** Result RL MDL DF Qualifiers HEM: Oil and Grease 28.6 1.00 0.800 1.00 Method Blank 099-05-119-3651 N/A Aqueous 08/02/14 08/02/14 N/A E0802HEML1 - Results were evaluated to the MDL (DL), concentrations >= to the MDL (DL) but < RL (LOQ), if found, are qualified with a "J" flag. Comment(s): Parameter Result RL MDL <u>DF</u> Qualifiers HEM: Oil and Grease ND 1.0 0.80 1.00 Method Blank 099-05-119-3652 N/A Aqueous 08/05/14 08/05/14 E0805HEML1 N/A 16:00 - Results were evaluated to the MDL (DL), concentrations >= to the MDL (DL) but < RL (LOQ), if found, are qualified with a "J" flag. Comment(s):

RL: Reporting Limit.

<u>Parameter</u>

HEM: Oil and Grease

DF: Dilution Factor.

MDL: Method Detection Limit.

Result

ND



RL

1.0

MDL

0.80

DF

1.00

Calscience

Analytical Report

Beta Offshore

111 W. Ocean Blvd., Suite 1240 Long Beach, CA 90802-4633 Date Received:

Work Order:

07/31/14 14-07-2120

Preparation:

Method:

EPA 200.8

Units:

mg/L

N/A

Project: Weekly NPDES Produced Water Monitoring

Page 1 of 1

Client Sample Number Lab Sample Date/Time Matrix Instrument Date Date/Time QC Batch ID Number Collected Prepared Analyzed NPDES Prod. Water 07/30/14 ICP/MS 04 08/01/14 14-07-2120-1-E 07/31/14 140731L01 Aqueous 19:53 15:11

Comment(s): - Results were evaluated to the MDL (DL), concentrations >= to the MDL (DL) but < RL (LOQ), if found, are qualified with a "J" flag.

Parameter Result RL MDL DF Qualifiers

Zinc 0.443

<u>KL</u> 0.0250 MDL 0.00239 <u>DF</u> 5.00 Qualifiers B

Method Blank

099-16-094-437

.....

Aqueous ICP/MS 04

07/31/14

07/31/14 140731L01

Comment(s):

- Results were evaluated to the MDL (DL), concentrations >= to the MDL (DL) but < RL (LOQ), if found, are qualified with a "J" flag.

<u>Parameter</u> Zinc Result 0.000758

MA

<u>RL</u> 0.00500 MDL 0.000479 <u>DF</u> 1.00 Qualifiers



Quality Control - Spike/Spike Duplicate

Beta Offshore

111 W. Ocean Blvd., Suite 1240

Long Beach, CA 90802-4633

Date Received:

Work Order: Preparation:

07/31/14

14-07-2120

Method:

EPA 1664A

N/A

Page 1 o

Project: Weekly NPDES Produced Water Monitoring

Page 1 of 2

Quality Control Sample ID	Туре		Matrix	Inst	rument	Date Prepared	Date Ana	lyzed	MS/MSD Ba	tch Number
14-07-2128-4	Sample		Aqueou	s N/A		08/02/14	08/02/14	18:00	E0802HEMS	61
14-07-2128-4	Matrix Spike		Aqueou	ous N/A		08/02/14	08/02/14 18:00		E0802HEMS	31
14-07-2128-4	Matrix Spike Duplicate		Aqueous N/A		08/02/14	08/02/14	18:00	E0802HEMS	31	
<u>Parameter</u>	<u>Sample</u> <u>Conc.</u>	<u>Spike</u> Added	<u>MS</u> Conc.	<u>MS</u> %Rec.	MSD Conc.	MSD %Rec.	%Rec. CL	RPD	RPD CL	Qualifiers
HEM: Oil and Grease	37.00	40.00	76.00	98	76.80	100	78-114	1	0-18	



Quality Control - Spike/Spike Duplicate

Beta Offshore

Date Received:

07/31/14

111 W. Ocean Blvd., Suite 1240 Long Beach, CA 90802-4633 Work Order:

14-07-2120

Preparation:

N/A

Method:

EPA 200.8

Project: Weekly NPDES Produced Water Monitoring

Page 2 of 2

Quality Control Sample ID	Туре		Matrix	Ins	strument	Date Prepared	Date Ana	lyzed	MS/MSD Ba	tch Number
14-07-2085-2	Sample		Aqueou	s IC	P/MS 03	07/31/14	07/31/14	15:43	140731801	
14-07-2085-2	Matrix Spike		Aqueou	s IC	P/MS 03	07/31/14	07/31/14	15:38	140731801	
14-07-2085-2	Matrix Spike	Duplicate	Aqueou	s IC	P/MS 03	07/31/14	07/31/14	15:42	140731801	
<u>Parameter</u>	<u>Sample</u> <u>Conc.</u>	<u>Spike</u> <u>Added</u>	MS Conc.	MS %Rec.	MSD Conc.	MSD %Rec.	%Rec. CL	RPD	RPD CL	Qualifiers
Zinc	0.2335	0.1000	0.3414	108	0.3378	104	80-120	1	0-20	



Quality Control - LCS/LCSD

Beta Offshore

111 W. Ocean Blvd., Suite 1240

Long Beach, CA 90802-4633

Date Received:

Work Order:

07/31/14

14-07-2120

Preparation:

N/A

Method:

EPA 1664A

Project: Weekly NPDES Produced Water Monitoring

Page 1 of 2

Quality Control Sample ID	Туре	Mat	rix	Instrument	Date Pre	pared Da	te Analyzed	LCS/LCSD Ba	atch Number
099-05-119-3651	LCS	Aqı	ieous	N/A	08/02/14	08/	/02/14 18:00	E0802HEML	
099-05-119-3651	LCSD	Aqueous		N/A	08/02/14	08/	/02/14 18:00	E0802HEML	l
Parameter	Spike Added	LCS Conc.	LCS %Rec.	LCSD Conc.	LCSD %Rec.	%Rec. Cl	RPD	RPD CL	Qualifiers
HEM: Oil and Grease	40.00	38.50	96	38.80	97	78-114	1	0-18	



Quality Control - LCS

Beta Offshore

111 W. Ocean Blvd., Suite 1240

Long Beach, CA 90802-4633

Quality Control Sample ID

099-16-094-437

Date Received:

Work Order:

Preparation:

Method:

07/31/14

14-07-2120

N/A

EPA 200.8

Qualifiers

Page 2 of 2

Project: Weekly NPDES Produced Water Monitoring

Type

LCS

Date Prepared Date Analyzed LCS Batch Number Instrument Matrix 07/31/14 15:49 140731L01 07/31/14 ICP/MS 04 Aqueous

LCS %Rec. %Rec. CL Conc. Recovered Spike Added <u>Parameter</u> 80-120 113 0.1128 0.1000 Zinc

Sample Analysis Summary Report

Page 1 of 1

EPA 1664A EPA 200.8 Extraction N/A N/A

Chemist ID 691 598

Instrument N/A ICP/MS 04 Analytical Location
1

1

Location 1: 7440 Lincoln Way, Garden Grove, CA 92841



Glossary of Terms and Qualifiers

Work Order: 14-07-2120 Page 1 of 1

Qualifiers	<u>Definition</u>
n	See applicable analysis comment.
<	Less than the indicated value.
>	Greater than the indicated value.
1	Surrogate compound recovery was out of control due to a required sample dilution. Therefore, the sample data was reported without further clarification.
2	Surrogate compound recovery was out of control due to matrix interference. The associated method blank surrogate spike compound was in control and, therefore, the sample data was reported without further clarification.
3	Recovery of the Matrix Spike (MS) or Matrix Spike Duplicate (MSD) compound was out of control due to suspected matrix interference. The associated LCS recovery was in control.
4	The MS/MSD RPD was out of control due to suspected matrix interference.
5	The PDS/PDSD or PES/PESD associated with this batch of samples was out of control due to suspected matrix interference.
6	Surrogate recovery below the acceptance limit.
7	Surrogate recovery above the acceptance limit.
В	Analyte was present in the associated method blank.
BU	Sample analyzed after holding time expired.
BV	Sample received after holding time expired.
E	Concentration exceeds the calibration range.
ET	Sample was extracted past end of recommended max. holding time.
HD	The chromatographic pattern was inconsistent with the profile of the reference fuel standard.
HDH	The sample chromatographic pattern for TPH matches the chromatographic pattern of the specified standard but heavier hydrocarbons were also present (or detected).
HDL	The sample chromatographic pattern for TPH matches the chromatographic pattern of the specified standard but lighter hydrocarbons were also present (or detected).
J	Analyte was detected at a concentration below the reporting limit and above the laboratory method detection limit. Reported value is estimated.
JA	Analyte positively identified but quantitation is an estimate.
ME	LCS Recovery Percentage is within Marginal Exceedance (ME) Control Limit range (+/- 4 SD from the mean).
ND	Parameter not detected at the indicated reporting limit.
Q	Spike recovery and RPD control limits do not apply resulting from the parameter concentration in the sample exceeding the spike concentration by a factor of four or greater.
SG	The sample extract was subjected to Silica Gel treatment prior to analysis.
Х	% Recovery and/or RPD out-of-range.
Z	Analyte presence was not confirmed by second column or GC/MS analysis.
	Solid - Unless otherwise indicated, solid sample data is reported on a wet weight basis, not corrected for % moisture. All QC results are reported on a wet weight basis.
	Any parameter identified in 40CFR Part 136.3 Table II that is designated as "analyze immediately" with a holding time of <= 15 minutes (40CFR-136.3 Table II, footnote 4), is considered a "field" test and the reported results will be qualified as being received outside of the stated holding time unless received at the laboratory within 15 minutes of the collection time.
	to the state of th

A calculated total result (Example: Total Pesticides) is the summation of each component concentration and/or, if "J" flags are reported, estimated concentration. Component concentrations showing not detected (ND) are summed into the calculated total result as zero concentrations.

7440 Lincoln Way, Garden Grove, CA 92841-1427 • TEL: (714) 895-5494 • FAX: (714) 894-7501

14-07-2120

ITC E.	vironmental Inc.	Repo	rt to:	Marina Robertson		Bill to: Marina Robe	rtson				
	irondack Avenue			111 W. Ocean Blvd. S	Suite 1240	111 W. Ocean Blvd. Suite 1240					
	tura, CA 93003			Long Beach, CA. 908		Long Beach,	CA 90802				
	05-644-4560				······································	3					
FACILITY:	Platform El	l Iv			SUBMITTED	TO: Calscience	PHONE: 714-895-5494				
		Rollins		***************************************	REPORT TO		PHONE: 562-683-3497				
SAMPLER NA		PDES Produ	iced Water	Monitoring		Platform Supervisor	PHONE: 562-606-5705				
PROJECT/CH RESULTS RE			,ood mator			S.G.Lawry @ LTS	PHONE: 805-644-4560				
RESULTS RE		E-MAIL	Х	mrobertson@betaoffs	shore.com	704 Adirondack, Ventura,	CA 93003				
KESULIS B	Y. PRONL.										
SAMPLE	SAMPLE ID	GRAB/	VOLUME	DATE/TIME	PRESERV.	ANALYSES RE	QUESTED (METHOD)				
	GAWIFLE ID	COMP.		COLLECTED							
NO.		grab	1 L	7-30-14	1461	Oil & Grease (EPA 1664)				
J.	NPDES Prod.Water	gras	amber	195}	H2504						
	TYP DEG 1 Tod. Water	grab	1 L		HGI	Oil & Grease (EPA 1664	Hold				
	NODES Drad Motor	grab	amber	7-30-14	1	•					
	NPDES Prod.Water	grab	1 L		HCI	Oil & Grease (EPA 1664	l) Hold				
	NPDES Prod.Water	grab	amber	7-30-14 1953			,				
	NPDES Prod. Water	grab	1 L	7-20-14	Tiçi	Oil & Grease (EPA 1664	l) Hold				
	NPDES Prod.Water	grab	amber	7-80-11	- V		,				
4	INPUES PIUG. Water	grab	arribor	7-30-14							
1	NPDES Prod.Water	grab	200-500 ml	1953	HNO3	Zinc (EPA 200.8)	Report MDLs and PQLs				
5	NPDES PIUG, Water	-	200-300 1111								
		 									
	Caution to Sample (collector:=#	ı əll səmple b	า ottles contain a conce	ntrated acid	preservative. Follow all	procedures				
	outlined in your NPDE	S manual a	nd use pro	per PPE when collecti	ng the samp	les.					
	Outilined in your rur Di	l			Ĭ						
	For Samples 1 4. 1.	aluzo Sami	nle #1 only	- hold other sample	s until furth	er notice.					
Comments:	rui Sampies 1-4, Al	iaiyze Jaiii	oro we orny	77070 00707 047707							
			D-1-	: 7/31/14	Relinquishe	d by: MA M	Date: 7/31/14				
Relinquished	d by:	173.5-1		: 1229	Received by						
Received by	· My M	ECL	rime	14-7	, toodived by						
,	V		- ·		Relinquishe	d by:	Date:				
Relinquished	TO A CONTRACT OF THE PARTY OF T		_ Date		Received by		Time:				
Received by	<i>r</i> :		Time	9:	received by	y .					



Calscience

WORK ORDER #: 14-07- 2 0 2 0

SAMPLE RECEIPT FORM

Cooler _ of _ l

CLIENT: BUTTOUT	J MUNC		DATE: _	0//) / 14
TEMPERATURE: Thermometer				diment/tissue)
Temperature°C	- 0.3°C (CF) =	()°C =	Blank	☑ Sample
☐ Sample(s) outside temperature	criteria (PM/APM contacte	ed by:)		
☐ Sample(s) outside temperature	criteria but received on ice	e/chilled on same da	y of sampli	ng.
☐ Received at ambient tempera	ture, placed on ice for	transport by Cou	ırier.	0.4.7.4
Ambient Temperature: Air	☐ Filter			Checked by: <u>676</u>
CUSTODY SEALS INTACT:				
COOLODI OLALO IIVIAOI.				= 71 \
☐ Cooler ☐	□ No (Not Intact)		□ N/A	Checked by: 676

STOREGISTRANS	Contract management of the second of the sec	'es_	No	N/A
CONTRACTOR OF THE PARTY OF THE	Chain-Of-Custody (COC) document(s) received with samples	d ,, ra		
	COC document(s) received complete	X 7/3/14	Ø	
	☐ Collection date/time, matrix, and/or # of containers logged in based on sample labels.			
	☐ No analysis requested. ☑ Not relinquished. ☐ No date/time relinquished.	,		
THE STREET, SALES	Sampler's name indicated on COC	Ø		
STREET, STREET	Sample container label(s) consistent with COC		P	
	Sample container(s) intact and good condition	d		
CONTRACTOR OF THE PARTY OF THE	Proper containers and sufficient volume for analyses requested			
NAME AND ADDRESS OF THE OWNER, TH	Analyses received within holding time	Ø		
STATE OF THE PERSON	Aqueous samples received within 15-minute holding time			
STREET, STREET	☐ pH ☐ Residual Chlorine ☐ Dissolved Sulfides ☐ Dissolved Oxygen			Ø
Contract Contraction	Proper preservation noted on COC or sample container	d		
SALES CONTRACTOR	☐ Unpreserved vials received for Volatiles analysis			
AND DESCRIPTION	Volatile analysis container(s) free of headspace			, Ø,
AND PERSONAL PROPERTY.	Tedlar bag(s) free of condensation			Z
STATE	CONTAINER TYPE:	_	_	
245000000000000000000000000000000000000	Solid: 40zCGJ 80zCGJ 160zCGJ Sleeve () EnCores			
CONTRACTOR DESCRIPTION OF THE PERSON OF THE	Aqueous: □VOA □VOAh □VOAna₂ □125AGB □125AGBh □125AGBp	□1AGB []1AGB na ₂	Ø1ÅGBs
THE PERSON NAMED IN COLUMN	□500AGB □500AGJ □500AGJs □250AGB □250CGB □250CGBs	□1PB I	□1PB na (⊒500PB
Whenterfeld the present	□250РВ ☑250РВпіվ□125РВ □125РВ znna □100РЈ □100РЈ na₂ □]
Telephonometric	Air: □Tedlar [®] □Canister Other: □ Trip Blank Lot#:		Checked b	y: 657
annual distribution	Container: C: Clear A: Amber P: Plastic G: Glass J: Jar B: Bottle Z: Ziploc/Resealable Bag E: Env	•	Reviewed by Scanned b	1 60
- 3	■ Dracarystiva: n: HCL n: HNC)。na.:Na.S-C)。na: NaUH n: H-PC/ S: H-5C// U: Ullia-bule Zitta: ZHAC:TNaC	ALL FREE CO	carried b	y





Calscience

WORK ORDER #: 14-07-2 1 2 0

SAMPLE ANOMALY FORM

SAMPLES - CONTAINERS & LABELS: Comments:
Sample(s) NOT RECEIVED but listed on COC Sample(s) received but NOT LISTED on COC Holding time expired – list sample ID(s) and test Insufficient quantities for analysis – list test Improper container(s) used – list test Improper preservative used – list test Sample labels illegible – note test/container type Sample labels illegible – note test/container type Sample label(s) do not match COC – Note in comments Sample ID Date and/or Time Collected Project Information # of Container(s) Analysis Sample container(s) compromised – Note in comments Water present in sample container Broken Sample container(s) not labeled Air sample container(s) compromised – Note in comments Flat Very low in volume Leaking (Not transferred - duplicate bag submitted) Leaking (transferred into Calscience Tedlar® Bag*) Leaking (transferred into Client's Tedlar® Bag*)
Other:
HEADSPACE – Containers with Bubble > 6mm or ¼ inch:
Sample # Container # of Vials Received Sample # Container ID(s) # of Vials Sample # Container ID(s) # of Vials Sample # Container ID(s) # of Cont. Analysis Received Received
Comments:
Transferred at Client's request. Initial / Date: 689 07 /3 / / / 14

Platform Ellen Attachment 1

EPA DMR PERMIT NO. CAG280000

WELL DISCHARGE MONITORING REPORT (Well DMR)

No Discharge

X

CAG280000 PERMIT NO. 001 DISCHARGE NO. Approved Form OMB No. 2000-0015

Beta Platform Ellen

Long Beach, Ca 90802

111 W. Ocean Blvd. Suite 1240

Beta Offshore

LOCATION: 33° 34' 56.5"LAT., 118° 07' 41.6"LONG.

Γ		MC	NITORII	NG PERI	OD		DRILLING FLUIDS AND DRILL CUTTINGS (001)
ľ	YR	MO	DAY	YR	MO	DAY	
Γ	Fı	rom: 14	06 01		To:	14 09 30	7 .

NOTE: Read instructions before completing this form.

PARAMETER			Quantity or Lo	ading		Quality or C	Concentration	NOTE. Read II	NO.	Frequency	Sample Type	
		Average	Maximum	Units	Minimum	Average	Maximum	Units	1			
DRILLING FLUIDS VOLUME Well # A-21	Sample Measurement		No Discharge	Barrels/								
June - July	Permit Requirement		Report	Well						1/well 1/day	Estimate	
Well # A-49	Sample Measurement		No Discharge	Barrels/								
August	Permit Requirement		Report	Well						1/well 1/day	Estimate	
Well # A-49	Sample Measurement		No Discharge	Barrels/								
September	Permit Requirement		Report	Well						1/well 1/day	Estimate	
DRILLING FLUIDS VOLUME	0											
Quarterly Total	Sample Measurement		0	Barrels/					0			
07/01/14 - 09/30/14	Permit Requirement		Report	Quarter								
									E (14 5 6 5 5 5			
										Facility and		
Annual Cumulative Volume Limit 1	Sample Measurement		270	Barrels/					0			
03/01/14 - 02/28/15	Permit Requirement		49,950 *	Year								
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENA	LTY OF LAW THAT THIS DOCUMEN	T AND ALL ATTACHMENTS	WERE PREPARED UNDER	\sim	1	TELEPI	HONE	DAT	E	
Jim Guion		MY DIRECTION OR SUPE PERSONNEL PROPERLY	ERVISION IN ACCORDANCE WITH A	ORMATION SUBMITTED, E	ASED ON MY INQUIRY OF THE	M. Kli		(562) 628	3-1526	10 22	2014	
Executive Vice President, Chief Operating Officer		GATHERING THE INFOR	WATION, THE INFORMATION SUBMITE AND COMPLETE LAM AWADE:	IITTED IS, TO THE BEST O	F MY KNOWLEDGE AND	Marina Robertso	n. HSE Manager	(552) 526) 10 22 2014		
- Charles of the char		SUBMITTING FALSE INF	ORMATION INCLUDING THE POSSI	BILITY OF FINE AND IMPR	ISONMENT FOR KNOWING	Signature of PRINCIPAL EXEC		Area		MONTH/DAY/YEA	AR	
TYPED OR PRINTED			D OR MAXIMUM IMPRISONMENT O			OFFICER or AUTHORIZED A		Code	Number			

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

Drilling activities took place on Well A-21 during the months of June and July. The well was completed on July 25, 2014.

Drilling activities also took place on Well A-49 during the months of August and September. The well was completed on September 13, 2014.

Annual cumulative volume limit is applied to the cumulative volumes for the period of March 2014 through February 2015.

* The total annual cumulative volume limit is a combined limit of drilling fluid volumes from both Platforms Ellen and Elly, as listed in the permit.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

WELL DISCHARGE MONITORING REPORT (Well DMR)

No Discharge

Χ

CAG280000 PERMIT NO. 001 DISCHARGE NO.

Approved Form OMB No. 2000-0015

Beta Platform Ellen LOCATION: 33° 34' 56.5"LAT., 118° 07' 41.6"LONG.

	MC	NITORII	NG PER	IOD	
YR	MO	DAY	YR	MO	DAY
Fr	om: 1	4 06 01		To: 14	09 30

NOTE: Read instructions before completing this form.

DRILLING FLUIDS AND DRILL CUTTINGS (001)

PARAMETER			Quantity or Lo	ading		Quality o	r Con	centratio	n		NO. EX.	Frequency Analysis	Sample Type	
.,		Average	Maximum	Units	Minimum	Average		Maximu	ım	Units			• •	
DRILL CUTTINGS VOLUME	Sample Measurement		No Discharge	Barrels/										
Well # A-21 June - July	Permit Requirement		Report	Month								1/well 1/day	Estimate Grab	
Well # A-49	Sample Measurement		No Discharge	Barrels/										
August	Permit Requirement		Report	Month								1/well 1/day	Estimate Grab	
Well # A-49	Sample Measurement		No Discharge	Barrels/								46	Fationala	
September	Permit Requirement		Report	Month								1/well 1/day	Estimate Grab	
Annual Cumulative Volume Limit ₁	Sample Measurement		0	Barrels/							0			
03/01/14 - 02/28/15	Permit Requirement		18,150 *	Year										
DRILL FLUIDS/CUTTINGS FREE OIL	Sample Measurement					No Discha	rge			# Days Sheen				
June - July	Permit Requirement				Negative Static	Sheen Test/Free	Oil			Observed		1/well 1/day	Visual Visual	
	Sample Measurement					No Discha	rge			# Days Sheen				
August	Permit Requirement				Negative Static	Sheen Test/Free	Oil			Observed		1/well 1/day	Visual Visual	
	Sample Measurement					No Discha	rge			# Days Sheen				
September	Permit Requirement				Negative Static	Sheen Test/Free	e Oil		C	Observed		1/well 1/day	Visual Visual	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENAL	LTY OF LAW THAT THIS DOCUMEN	IT AND ALL ATTACHMEN	TS WERE PREPARED UNDER		-^			TELEPH	ONE	DA ⁻	ΓE	
Jim Guion		MY DIRECTION OR SUPE PERSONNEL PROPERLY PERSON OR PERSONS	ERVISION IN ACCORDANCE WITH A GATHER AND EVALUATE THE INF WHO MANAGE THE SYSTEM OR T	BASED ON MY INQUIRY OF THE	M. E	ls.			(562) 628-	-1526	10 22 2	2014		
Executive Vice President, Chief Operating Officer		GATHERING THE INFOR	EMATION, THE INFORMATION SUBMITE, AND COMPLETE. I AM AWARE	MITTED IS, TO THE BEST	OF MY KNOWLEDGE AND	Marina Rober	tson, I	HSE Mana	ager	. ,				
		SUBMITTING FALSE INF	ORMATION INCLUDING THE POSS	BILITY OF FINE AND IMP	PRISONMENT FOR KNOWING	Signature of PRINCIPAL			Ar	ea		MONTH/DAY/YE	AR	
TYPED OR PRINTED		FINES UP TO \$10,000 AN	D OR MAXIMUM IMPRISONMENT C	OF BETWEEN 6 MONTHS	AND 5 YEARS)	OFFICER or AUTHORIZ			Co	ode N	lumber	2000 A C C		

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

Drilling activities took place on Well A-21 during the months of June and July. The well was completed on July 25, 2014.

Drilling activities also took place on Well A-49 during the months of August and September. The well was completed on September 13, 2014.

Annual cumulative volume limit is applied to the cumulative volumes for the period of March 2014 through February 2015.

* The total annual cumulative volume limit is a combined limit of drilling fluid volumes from both Platforms Ellen and Elly, as listed in the permit.

WELL DISCHARGE MONITORING REPORT (Well DMR)

No Discharge

Х

Beta Offshore 111 W. Ocean Blvd. Suite 1240 Long Beach, Ca 90802

CAG280000 PERMIT NO. 001 DISCHARGE NO. Approved Form OMB No. 2000-0015

Beta Platform Ellen

LOCATION: 33° 34' 56.5"LAT., 118° 07' 41.6"LONG.

Γ		MC	NITORII	NG PERI	IOD	DRILLING FLUIDS AND DRILL CUTTINGS (001)	
Γ	YR	MO	DAY	YR	MO	DAY	
Γ	Fi	rom: 14	06 01		To: 14	09 30	

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentrat	ion	NO. EX.	Frequency Analysis	Sample Type
. ,		Average	Maximum	Units	Maximum	Units			
DRILLING FLUIDS	Sample Measurement				N/A	% by			
WELL No. A-21, A-49	Permit Requirement				LC50 > 3% SPP	Volume		(0-80%) Well Footage	Grab
DRILLING FLUIDS TOXICITY 1	Sample Measurement				N/A	% by			
WELL No. A-21, A-49	Permit Requirement				LC50 > 3% SPP	Volume		(80-100%) Well Footage	Grab
BARITE MERCURY WELL No. A-21, A-49	Sample Measurement				N/A	mg / kg			
	Permit Requirement				1 mg / kg			Stock Barite	Grab
BARITE CADMIUM WELL No. A-21, A-49	Sample Measurement				N/A	mg / kg			
	Permit Requirement				3 mg / kg			Stock Barite	Grab
DRILL FLUIDS CHEMICAL INVENTORY	Sample Measurement				N/A				
WELL No. A-21, A-49	Permit Requirement				Report			Each Mud System	
No. DAYS DISCHARGE FOR EACH DRILLING FLUID	Sample Measurement				N/A				
WELL No. A-21, A-49	Permit Requirement				Report			# Days Each	
PROHIBITED DISCHARGE 1. Oil-based Fluids	51707 1 0				No Discharge				
Diesel Oil Non-aqueous based drilling fluids	or cuttings				No Discharge				
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENAL*	TY OF LAW THAT THIS DOCUME	INT AND ALL ATTACHMENTS	S WERE PREPARED UNDER ASSURE THAT QUALIFIED	TELEPH	HONE	DATE	
Jim Guion Executive Vice President.		PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR				(562) 628	-1526	10 22	2014
Chief Operating Officer		BELIEF, TRUE, ACCURATE SUBMITTING FALSE INFO	E, AND COMPLETE. I AM AWARE	THAT THERE ARE SIGNIFI	CANT PENALTIES FOR ISONMENT FOR KNOWING	nager			
TYPED OR PRINTED		110011101101101101	C. & 1001 AND 33 U.S.C. & 1319. OR MAXIMUM IMPRISONMENT		Signature of PRINCIPAL EXECUTIVE ND 5 YEARS) OFFICER or AUTHORIZED AGENT	Area Code N	Number	MONTH/DAY/YEAR	

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

Drilling activities took place on Well A-21 during the months of June and July. The well was completed on July 25, 2014.

Drilling activities also took place on Well A-49 during the months of August and September. The well was completed on September 13, 2014.

N / A: There were no drilling related discharges for Wells A-21 and A-49.

DISCHARGE MONITORING REPORT (DMR)

No Discharge

Х

111 W. Ocean Blvd. Suite 1240 Long Beach, Ca 90802

LOCATION: 33° 34' 56.5"LAT., 118° 07' 41.6"LONG.

Beta Offshore

Beta Platform Ellen

CAG280000 PERMIT NO. 002 DISCHARGE NO. Approved Form OMB No. 2000-0015

MONITORING PERIOD

YR MO DAY YR MO DAY

From: 14 07 01 To: 14 09 30

PRODUCED WATER (002) (Commingled at Platform Elly)

NOTE: Read instructions before completing this form.

								NOTE: Read ins		tions before completing this form.		
PARAMETER			Quantity or L	oading		Quality or C		NO. EX.	Frequency Analysis	Sample Type		
		Average	Maximum	Units	Minimum	Average	Maximum	Units	1			
PRODUCED WATER	Sample			Monthly	TO 100 11 18 18 18 18 18 18 18 18 18 18 18 18							
Flow Rate	Measurement	N/A		Average								
1 low rate	Permit	Appres de la coloniació		bbl/Day								
July Contombor				Donbay						1/day	Estimate	
July - September QUARTERLY AVERAGE	Requirement			Quarterly						iraay	Lounate	
		NI / A										
Volume		N/A		Average	CLI Clerk							
				bbl/Day						1/quarter	Estimate	
ANNUAL CUMULATIVE 1	Sample											
Volume	Measurement		N/A	Barrels/							2.25.63.63.63	
	Permit 1			Year								
03/01/14 - 02/28/15	Requirement		10,950,000									
PRODUCED WATER	Sample										E_0736_003	
Oil & Grease	Measurement					N/A	N/A					
011 G. 010G00	Permit				State at a light			mg/L	1250 SM	HELIOSOS SHEGISTS		
	Requirement					29.0	42.0			1/week	Grab	
	rtequirement								1			
			 	1				1				
										1		
								 	-	1		
9			_	-				┥				
	ļ		ļ					-		+		
			ļ	-				4		 		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICE	R	I CERTIFY UNDER PENALTY	OF LAW THAT THIS DOCUMENT	AND ALL ATTACHMENTS V	VERE PREPARED UNDER	_ ^		TELEP	HONE	DA	ATE	
		MY DIRECTION OR SUPERVI	SION IN ACCORDANCE WITH A	SYSTEM DESIGNED TO AS	SURE THAT QUALIFIED							
		PERSONNEL PROPERLY GA	THER AND EVALUATE THE INFO	RMATION SUBMITTED. BAS	SED ON MY INQUIRY OF THE	m 12	11/2					
Jim Guion		PERSON OR PERSONS WHO	MANAGE THE SYSTEM, OR TH	OSE PERSONS DIRECTLY F	RESPONSIBLE FOR	Mr. Ko		(562) 628	3-1526	10 22	2014	
Executive Vice President,		GATHERING THE INFORMAT	ION, THE INFORMATION SUBMI	TTED IS, TO THE BEST OF I	MY KNOWLEDGE AND							
Chief Operating Officer		BELIEF TRUE ACCURATE A	IND COMPLETE. I AM AWARE TO	HAT THERE ARE SIGNIFICA	NT PENALTIES FOR	Marina Robertson	n, HSE Manager					
chief oppositing officer	-	SUBMITTING FALSE INCOME.	MATION INCI LIDING THE POSSIE	ILITY OF FINE AND IMPRIS	ONMENT FOR KNOWING							
		VIOLATIONS SEE 18 U.S.C.	9 4004 AND 22 I I C C 8 4240 /7	ENALTIES LINNED TURSE S	TATUTES MAY INCLUDE	Signature of PRINCIP	Area		MONTH/I	DAY/YEAR		
TYPED OR DRINTED			a 1001 AND 33 U.S.C. & 1319. (P			OFFICER or AUTHOR	Code Numi	per				
TYPED OR PRINTED		FINES UP TO \$10,000 AND OF	R MAXIMUM IMPRISONMENT OF	DE I VVEEN O MONTHS AND	U IEARO)	TOT FIGURE STATE THOU	TELD AGEITT	10000 .40111				

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

N / A: There was no produced water discharge at Platform Ellen. All produced water for the quarter sent to Elly for processing, then back to Ellen and injected.

Annual cumulative volume limit is applied to the cumulative volumes for the period of March 2014 through February 2015.

DISCHARGE MONITORING REPORT (DMR)

No Discharge

Х

111 W. Ocean Blvd. Suite 1240 Long Beach, Ca 90802

CAG280000 PERMIT NO. 003 DISCHARGE NO. Approved Form OMB No. 2000-0015

Beta Platform Ellen

Beta Offshore

LOCATION: 33° 34' 56.5"LAT., 118° 07' 41.6"LONG.

	MC	NITORIN	G PERI	OD	
YR	MO	DAY	YR	MO	DAY
Froi	m: 14	06 01		To: 14	09 30

WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS (003)

(commingled with produced water at Plt Elly NOTE: Read instructions before completing this form.

PARAMETER			Quantity or L	oading		Quality or Co	oncentration		NO. EX.	Frequency Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS ₁ FLOW	Sample Measurement		N/A	Barrels /							
June - July	Permit Requirement		Report	Job							
	Sample Measurement		N/A	Barrels /							
August	Permit Requirement		Report	Job							
	Sample Measurement		N/A	Barrels /							
September	Permit Requirement		Report	Job							
WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS 1											
OIL AND GREASE						MONTHLY AVERAGE	DAILY MAXIMUM				
	Sample Measurement					N/A	N/A				
June	Permit Requirement					29.0	42.0	mg/L		1/job	Grab
	Sample Measurement					N/A	N/A				
July	Permit Requirement					29.0	42.0	mg/L		1/job	Grab
	Sample Measurement					N/A	N/A				
August - September	Permit Requirement					29.0	42.0	mg/L		1/job	Grab
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALT	Y OF LAW THAT THIS DOCUM	ENT AND ALL ATTACHMENT	S WERE PREPARED UNDER			TELEPHON	E	DATE	
MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO A PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BY JIM Guion PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY		ASSURE THAT QUALIFIED BASED ON MY INQUIRY OF TH LY RESPONSIBLE FOR	M. Rbs	ut	(562) 628	3-1526	10 22	2014			
Executive Vice President, Chief Operating Officer		GATHERING THE INFORM BELIEF, TRUE, ACCURATE	ATION, THE INFORMATION SU	BMITTED IS, TO THE BEST OF	OF MY KNOWLEDGE AND	Marina Robertson	, HSE Manager				
		SUBMITTING FALSE INFO	RMATION INCLUDING THE POS C. & 1001 AND 33 U.S.C. & 1319	SSIBILITY OF FINE AND IMP	RISONMENT FOR KNOWING	Signature of PRINCIPAL E	XECUTIVE	Area		MONTH/E	DAY/YEAR
TYPED OR PRINTED			OR MAXIMUM IMPRISONMENT			OFFICER or AUTHORIZED	AGENT	Code N	Number		

¹ When present, all WTCWF are commingled with production and sent to Platform Elly (refer to Plt Elly DMR). N / A: No WTCF discharged during this DMR period.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

CAG280000 PERMIT NO.

Quantity or Loading

003 DISCHARGE NO.

Quality or Concentration

No Discharge

X

Approved Form OMB No. 2000-0015

NO. Frequency Sample

Beta Platform Ellen LOCATION: 33° 34' 56.5"LAT., 118° 07' 41.6"LONG.

		MO	NIT	ORIN	NG PER	IOD		
YR	MO	D	AY		YR	MO	DAY	
	From:	14	06	01		To:	14 09	30

WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS (003)

(commingled with produced water at Plt Elly)
NOTE: Read instructions before completing this form.

PARAMETER			Quantity or Loa	aing		Quality of Co	oncentration			Analysis	Type
FAIVAIVILIER		Average	Maximum	Units	Minimum	Average	Maximum	Units			
WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS 1	Sample Measurement		0	Number							
June	Permit Requirement		Report	of jobs							
WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS 1	Sample Measurement		1	Number							
Type of job: Completion July	Permit Requirement		Report	of jobs							
WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS 1	Sample Measurement		1	Number							
Type of job: Completion August - September	Permit Requirement		Report	of jobs							
WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS ₁ STATIC	Sample Measurement					N/A		# Times			
SHEEN June	Permit Requirement		N		Negative Static	Sheen Test - # Times	s observed-None	Sheen Observed		1/discharge	Grab
WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS ₁ STATIC	Sample Measurement					N/A		# Times			
SHEEN July - September	Permit Requirement				Negative Static Sheen Test - # Times observed-None		Sheen Observed		1/discharge	Grab	
WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS	Sample Measurement					N/A					
Chemical Inventory June	Permit Requirement					Report				1/month	List
WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS	Sample Measurement					N/A					
Chemical Inventory July - September	Permit Requirement					Report	200			1/month	List
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALT MY DIRECTION OR SUPER PERSONNEL PROPERLY G	Y OF LAW THAT THIS DOCUMENT A VISION IN ACCORDANCE WITH A S' SATHER AND EVALUATE THE INFOR	ND ALL ATTACHMENTS WE YSTEM DESIGNED TO ASSI MATION SUBMITTED, BASE	ERE PREPARED UNDER URE THAT QUALIFIED ED ON MY INQUIRY OF THE	m Pls		TELEPHONE		DATE	
Jim Guion Executive Vice President, Chief Operating Officer		PERSON OR PERSONS WI	HO MANAGE THE SYSTEM, OR THO	SE PERSONS DIRECTLY RETURNS THE BEST OF M	ESPONSIBLE FOR Y KNOWLEDGE AND	Marina Robertsor	n. HSE Manager	(562) 628	-1526	10 22	2014
Chief Operating Officer		SUBMITTING FALSE INFOF	, AND COMPLETE. I AM AWARE THY RMATION INCLUDING THE POSSIBIL C. & 1001 AND 33 U.S.C. & 1319. (PEI	AT THERE ARE SIGNIFICAN LITY OF FINE AND IMPRISO NALTIES UNDER THESE ST	NMENT FOR KNOWING ATUTES MAY INCLUDE	Signature of PRINCIPAL E		Area		MONTH/D.	AY/YEAR
TYPED OR PRINTED		FINES UP TO \$10,000 AND	OR MAXIMUM IMPRISONMENT OF E	BETWEEN 6 MONTHS AND	YEARS)	OFFICER or AUTHORIZE	D AGENT	Code Nur	nber		

When present, all WTCWF are commingled with production and sent to Platform Elly (refer to Plt Elly DMR).

N / A: A job was performed on Well A-21 in July and on Well A-49 in September, however no fluids were discharged. A chemical inventory is available on request.

Beta Offshore DI:

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

No Discharge

(commingled with produced water at Plt Elly)

Х

Beta Offshore 111 W. Ocean Blvd. Suite 1240 Long Beach, Ca 90802

CAG280000 PERMIT NO. 004 DISCHARGE NO. Approved Form
OMB No. 2000-0015
DECK DRAINAGE (004)

Beta Platform Ellen LOCATION: 33° 34' 56.5"LAT., 118° 07' 41.6"LONG.

	N	ONITORI	NG PER	IOD	
YR	MO	DAY	YR	MO	DAY
	From: 1	4 07 01		To: 14	09 30

NOTE: Read instructions before completing this form.

PARAMETER			Quantity or Loa	ading		Quality or C	oncentration		NO. EX.	Frequency Analysis	Sample Type
174040121214			Average	Units	Minimum	Average	Maximum	Units			
DECK DRAINAGE VOLUME-FLOW RATE 1	Sample Measurement		N/A	Mo. Avg. bbl/day							
July	Permit Requirement		Report							1/month	Estimate
	Sample Measurement		N/A	Mo. Avg. bbl/day							
August	Permit Requirement		Report							1/month	Estimate
	Sample Measurement		N/A	Mo. Avg. bbl/day							
September	Permit Requirement		Report							1/month	Estimate
DECK DRAINAGE FREE OIL	Sample Measurement		N/A	# Days		N/A					
July	Permit Requirement		No Sheen	Sheen Observed	No free oil/visua	al sheen on the receiv	ing water.			1/day	Visual - Daylight
	Sample Measurement		N/A	# Days		N/A					
August	Permit Requirement		No Sheen	Sheen Observed	No free oil/visua	al sheen on the receiv	ing water.			1/day	Visual - Daylight
	Sample Measurement		N/A	# Days		N/A					
September	Permit Requirement		No Sheen	Sheen Observed	No free oil/visua	al sheen on the receiv	ring water.			1/day	Visual - Daylight
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALT	Y OF LAW THAT THIS DOCUMENT	AND ALL ATTACHMENTS W	ERE PREPARED UNDER	^		TELEPH	ONE	DATE	
Jim Guion		MY DIRECTION OR SUPERIOR PERSONNEL PROPERLY G PERSON OR PERSONS WI	VISION IN ACCORDANCE WITH A S SATHER AND EVALUATE THE INFO HO MANAGE THE SYSTEM, OR TH	SYSTEM DESIGNED TO ASS RMATION SUBMITTED, BASI OSE PERSONS DIRECTLY R	URE THAT QUALIFIED ED ON MY INQUIRY OF THE ESPONSIBLE FOR	M. Rh	ut	(562) 62	28-1526	10 22	2014
Executive Vice President, Chief Operating Officer		GATHERING THE INFORMATE, BELIEF, TRUE, ACCURATE,	ATION, THE INFORMATION SUBMI	TTED IS, TO THE BEST OF M HAT THERE ARE SIGNIFICAN	IY KNOWLEDGE AND	Marina Robertson	n, HSE Manager				
7/770 00 000/770			RMATION INCLUDING THE POSSIB C. & 1001 AND 33 U.S.C. & 1319. (P		NAMENT FOR KNOWING	Signature of PRINCIPAL I		Area Code	Number	MONTH/I	DAY/YEAR
TYPED OR PRINTED			OR MAXIMUM IMPRISONMENT OF	BE IVVEEN 6 MONTHS AND	U IEARO)	TOT TOLK OF ACTIONIZE		10000			

¹ Deck drain volumes are commingled with production and not discharged separately.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

004
DISCHARGE NO.

No Discharge

Approved Form OMB No. 2000-0015

Beta Platform Ellen

LOCATION: 33° 34' 56.5"LAT., 118° 07' 41.6"LONG.

	MONITORING PERIOD									
YR	MO	DAY	YR	MO	DAY					
	From: 1	4 07 01		To: 14	09 30					

DECK DRAINAGE (004)

(commingled with produced water at Plt Elly)

NOTE: Read instructions before completing this form.

PARAMETER			Quantity or Los	ading		Quality or C	oncentration		NO. EX.	Frequency Analysis	Sample Type
			Average	Units	Minimum	Average	Maximum	Units		, maryolo	1,750
DECK DRAINAGE VOLUME-FLOW RATE ₁	Sample Measurement		N/A	Mo. Avg. bbl/day		1					
July	Permit Requirement		Report							1/month	Estimate
	Sample Measurement		N/A	Mo. Avg. bbl/day							
August	Permit Requirement		Report							1/month	Estimate
	Sample Measurement		N/A	Mo. Avg. bbl/day					1		
September	Permit Requirement		Report							1/month	Estimate
				-							
DECK DRAINAGE FREE OIL	Sample Measurement		N/A	# Days		N/A					
July	Permit Requirement		No Sheen	Sheen	No free oil/visua	al sheen on the receiving	ing water.			1/day	Visual - Daylight
	Sample Measurement		N/A	# Days		N/A					
August	Permit Requirement		No Sheen	Sheen Observed	No free oil/visua	al sheen on the receivi	ing water.			1/day	Visual - Daylight
	Sample Measurement		N/A	# Days		N/A					
September	Permit Requirement		No Sheen	Sheen Observed	No free oil/visua	al sheen on the receiv	ing water.			1/day	Visual - Daylight
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY	OF LAW THAT THIS DOCUMENT,	AND ALL ATTACHMENTS W				TELEPHO	ONE	DATE	
Jim Guion Executive Vice President,		MY DIRECTION OR SUPERV PERSONNEL PROPERLY GO PERSON OR PERSONS WH	VISION IN ACCORDANCE WITH A STATER AND EVALUATE THE INFORMATION OF THE SYSTEM, OR THE	SYSTEM DESIGNED TO ASSI RMATION SUBMITTED. BASE DISE PERSONS DIRECTLY R	URE THAT QUALIFIED ED ON MY INQUIRY OF THE	m. De		(562) 62	8-1526	10 22	2014
Chief Operating Officer		BELIEF, TRUE, ACCURATE, SUBMITTING FALSE INFOR	AND COMPLETE, I AM AWARE THE	AT THERE ARE SIGNIFICAN LITY OF FINE AND IMPRISO	IY KNOWLEDGE AND IT PENALTIES FOR INMENT FOR KNOWING	Marina Robertsor	ı, HSE Manager				
TYPED OR PRINTED COMMENT AND EXPLANATION OF ANY VIOLENTIAL OF THE PROPERTY OF	471011 (D. f.		. & 1001 AND 33 U.S.C. & 1319. (PE		ATUTES MAY INCLUDE 5 YEARS)	Signature of PRINCIPAL E		Area Code N	umber	MONTH/E	DAY/YEAR

^T Deck drain volumes are commingled with production and not discharged separately.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

CAG280000

PERMIT NO.

DISCHARGE MONITORING REPORT (DMR)

005

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No	o Dis	char	ap
140	פוט כ	Cilai	ye

Approved Form OMB No. 2000-0015

Beta Platform Ellen

LOCATION: 33° 34' 56.5"LAT., 118° 07' 41.6"LONG.

MONITORING PERIOD									
YR	MO	DAY	YR	MO	DAY				
F	rom: 14	07 01		To: 14	4 09 30				

SANITARY & DOMESTIC WASTES (005)

(Domestic waste commingled with produced water at Elly)

NOTE: Read instructions before completing this form. Quantity or Loading Quality or Concentration NO. Frequency Sample **PARAMETER** EX. Analysis Type Average Maximum Units Minimum Average Maximum Units SANITARY WASTE 1 Sample 1/day Estimate FLOW RATE Measurement 82.0 Monthly 0 Permit Average Estimate 1/month July Report Requirement bbl/day Sample 1/day Estimate 82.0 Measurement Monthly 0 Permit Average 1/month Estimate August Requirement Report bbl/day Sample 1/day Estimate 83.0 Measurement Monthly 0 Permit Average Estimate 1/month September Requirement Report bbl/day SANITARY WASTES Sample Visual -1/day FLOATING SOLIDS 0 Measurement # days 0 No floating solids in the receiving waters. Daylight Permit observed Visual -1/day July None Requirement No floating solids in the receiving waters. Daylight Sample 1/day Visual -0 # days Measurement No floating solids in the receiving waters. 0 Daylight observed Permit 1/day Visual -August Requirement None Daylight No floating solids in the receiving waters. Sample Visual -1/day 0 Measurement # days 0 Daylight No floating solids in the receiving waters. Permit observed Visual -1/day September Requirement None Daylight No floating solids in the receiving waters. NAME/TITLE PRINCIPAL EXECUTIVE OFFICER CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENT\$ WERE PREPARED UNDER TELEPHONE DATE ANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED Jim Guion (562) 628-1526 10 22 2014 Executive Vice President, Chief Operating Officer Marina Robertson, HSE Manager ELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR Signature of PRINCIPAL EXECUTIVE MONTH/DAY/YEAR Area TYPED OR PRINTED FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS) OFFICER or AUTHORIZED AGENT Code Number

¹ Sanitary includes restroom sinks, showers and toilets.

LOCATION: 33° 34' 56.5"LAT., 118° 07' 41.6"LONG.

Beta Platform Ellen

NATIONAL POLLUTAN	DISCHARGE	ELIMINATION	SYSTEM	(NPDE
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DISCHARGE MONITORING REPORT (DMR)

OHAROL	MONTONING	KEPOKI	(DIVI

No	DIS	cha	arg

CAG280000 PERMIT NO. 005 DISCHARGE NO.

Approved Form OMB No. 2000-0015

MONITORING PERIOD YR MO DAY YR MO DAY From: 14 07 01 To: 14 09 30

SANITARY & DOMESTIC WASTES (005)

(Domestic waste commingled with produced water at Elly)

		_				14 03 00	_	NOTE: Bood	inatruation	ns before complet	ing this form
PARAMETER			Quantity or	Loading		Quality or Co	oncentration	NOTE. Read		Frequency Analysis	Sample Type
		Average			Minimum	Average	Maximum	Units	1	,	.,,,,,
	Sample				1042 1407						
RESIDUAL CHLORINE 1,2	Measurement				N/A	N/A	N/A		0		
July	Permit Requirement				1 mg/l	N/A	10 mg/l	mg/l		Monthly	Grab
	Sample Measurement				N/A	N/A	N/A		0		
ANITARY WASTE ESIDUAL CHLORINE 1,2 July August September DMESTIC WASTE (as laundry) OW RATE July - September DMESTIC WASTES DAM & FLOATING SOLIDS July - September ME/TITLE PRINCIPAL EXECUTIVE OFFICER om Guion Accutive Vice President,	Permit Requirement				1 mg/l	N/A	10 mg/l	mg/l		Monthly	Grab
	Sample Measurement				N/A	N/A	N/A		0		
September	Permit Requirement				1 mg/l	N/A	10 mg/l	mg/l		Monthly	Grab
DOMESTIC WASTE (as laundry) FLOW RATE	Sample Measurement	N/A		Monthly						1/day	Estimate
July - September	Permit Requirement	Report		Average bbl/day	4					1/month	Estimate
FOARS OF CATING SOLVES	Sample Measurement		N/A	# days						1/day	Visual - Daylight
July - September	Permit Requirement		None	observed						1/day	Visual - Daylight
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY	OF LAW THAT THIS DOCU	AENT AND ALL ATTACHMENT	WERE DEPARED LINDER			TELEPHON	<u> </u>	DATE	
Jim Guion		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A BYSTEM DESIGNED TO ASSURE THAT CAUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRITY OF THE PERSON OR PERSONS WHO MAMAGE THE SYSTEM. OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION. THE INFORMATION SIMPLYTED IS TO THE BEST OF MY MAMAGE THE SYSTEM.		AN IN A		(562) 628			2014		
Chief Operating Officer		BELIEF, TRUE, ACCURATE, AND COMPLETE I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING			Marina Robertson, HSE Manager Signature of PRINCIPAL EXECUTIVE		Area		MONTH/D	AY/YEAR	
TYPED OR PRINTED				IT OF BETWEEN 6 MONTHS A	ND 5 YEARS)	OFFICER or AUTHORIZED	AGENT	Code N	lumber		

¹ The sewage treatment unit is a marine sanitation device that complies with pollution control standards and regulations under Section 312 of the Clean Water Act. Thus, it is deemed to be in compliance with permit limitations for sanitary waste discharges (as per Condition II.E.1 Footnote 2 of CAG280000). Occasional chlorine tests are performed to ensure proper operation of the device.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

No Discharge

CAG280000 PERMIT NO. 008 DISCHARGE NO. Approved Form OMB No. 2000-0015

X

Beta Platform Ellen LOCATION: 33° 34' 56.5"LAT., 118° 07' 41.6"LONG.

	MC	NITORIN	IG PER	IOD	
YR	MO	DAY	YR	MO	DAY
From: 14 07 01				To: 1	4 09 30

FIRE CONTROL WATER (008) (commingled with deck drains)

NOTE: Read instructions before completing this form. Quantity or Loading Quality or Concentration NO. Frequency Sample PARAMETER EX. Analysis Type Units Minimum Average Maximum Units Average FIRE CONTROL SYSTEM Sample Visual -TEST WATER (008) - FOAM, # Days Measurement N/A N/A 0 1/day Daylight FLOATING SOLIDS Observed No floating solids in the receiving water. Visual -July Requirement None No foam, in other than trace amounts, in the receiving water. 1/day Daylight Sample Visual -Measuremen N/A # Days N/A0 1/day Daylight Observed No floating solids in the receiving water. Visual -August None No foam, in other than trace amounts, in the receiving water Requirement 1/day Daylight Sample Visual -N/A # Days 0 Measurement N/A 1/day Daylight Observed Permit No floating solids in the receiving water. Visual -September None Requirement No foam, in other than trace amounts, in the receiving water. 1/day Daylight Monthly Daily Average Maximum FIRE CONTROL SYSTEM Sample **TEST WATER (008) CHLORINE** Measurement N/AN/Aug/L 1/month Grab Permit July - September N/AN/A Requirement 1/month Grab Sample Measurement Permit Requirement FIRE CONTROL SYSTEM TEST WATER Sample **Chemical Inventory** N/A Measurement 1/month List July - September Permit Requirement Report 1/month List NAME/TITLE PRINCIPAL EXECUTIVE OFFICER TELEPHONE DATE CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER Jim Guion (562) 628-1526 10 22 2014 Executive Vice President, Chief Operating Officer Marina Robertson, HSE Manager VIOLATIONS, SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE Signature of PRINCIPAL EXECUTIVE Area MONTH/DAY/YEAR TYPED OR PRINTED FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS) OFFICER or AUTHORIZED AGENT Number

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

N / A: Fire water is commingled with deck drains and produced water at Platform Elly and is injected at Ellen. The firewater is not chlorinated or chemically treated.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

CAG	280000
PERM	AIT NO.

009						
DISCHARGE NO.						

No Discharge

Approved Form OMB No. 2000-0015

Beta Platform Ellen

LOCATION: 33° 34' 56.5"LAT., 118° 07' 41.6"LONG.

	MC	NITORIN	IG PERI	OD	
YR	MO	DAY	YR	MO	DAY
Fi	rom: 14	07 01		To: 1	4 09 30

NON-CONTACT COOLING WATER (009) (combined with excess seawater)

COMBINED with EXCESS SEAWATER			Quantity or L	oading		Quality or 0	Concentration		NO. EX.	Frequency Analysis	Sample Type
			Average	Units	Minimum	Average	Maximum	Units			
NON-CONTACT COOLING WATER (009) COMBINED with EXCESS SEAWATER	Sample Measurement		36,000	Barrels/					0	1/month	Estimate
FLOW VOLUME July	Permit Requirement		Report	Day						1/month	Estimate
	Sample Measurement		36,000	Barrels/					0	1/month	Estimate
August	Permit Requirement		Report	Day						1/month	Estimate
	Sample Measurement		36,000	Barrels/					0	1/month	Estimate
September	Permit Requirement		Report	Day						1/month	
NON-CONTACT COOLING WATER (009) COMBINED with EXCESS SEAWATER	Sample Measurement		0	# Days Observed # Days	No floating solids in the receiving water. No foam in the receiving water.			0	1/day	Daylight	
FOAM/FLOATING SOLIDS 51705 1 0 July	Permit Requirement		0		No floating solids in the receiving water. No foam in the receiving water.				1/day_	Daylight	
	Sample Measurement		0		No floating solids in the receiving water. No foam in the receiving water. No floating solids in the receiving water.			0	1/day_	Daylight	
August	Permit Requirement		0	Observed	No foam in the receiving water. No foating solids in the receiving water.				1/day_	Daylight	
	Sample Measurement Permit		0	# Days Observed	No foam in the receiving water.			0	1/day_	Daylight	
September	Requirement		0	Observed	No floating solids in the receiving water. No foam in the receiving water.				1/day_		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENAL	TY OF LAW THAT THIS DOCUM	ENT AND ALL ATTACHMENT	S WERE PREPARED UNDER			TELEPHON	E	DATE	
Jim Guion Executive Vice President, Chief Operating Officer		MY DIRECTION OR SUPE PERSONNEL PROPERLY PERSON OR PERSONS V GATHERING THE INFORM BELIEF, TRUE, ACCURAT	GATHER AND EVALUATE THE I VHO MANAGE THE SYSTEM, OF MATION, THE INFORMATION SU	H A \$YSTEM DESIGNED TO NFORMATION SUBMITTED. R THOSE PERSONS DIRECT IBMITTED IS, TO THE BEST OF RE THAT THERE ARE SIGNIF	ASSURE THAT QUALIFIED BASED ON MY INQUIRY OF THE LY RESPONSIBLE FOR DF MY KNOWLEDGE AND ICANT PENALTIES FOR	Marina Robertson,	HSE Manager	(562) 628	3-1526	10 22	2014
TYPED OR PRINTED			ORMATION INCLUDING THE PO C. & 1001 AND 33 U.S.C. & 131 DOR MAXIMUM IMPRISONMEN	- V CITIENTED ONDER THE	RISONMENT FOR KNOWING E STATUTES MAY INCLUDE AND 5 YEARS)	Signature of PRINCIPAL		Area Code Nu	umber	MONTH	DAY/YEAR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

CAG280000
PERMIT NO.

009	
ISCHARGE NO.	

No Discharge

Approved Form OMB No. 2000-0015

Beta Platform Ellen

LOCATION: 33° 34' 56.5"LAT., 118° 07' 41.6"LONG.

	MC	NITORII	NG PERI	OD		
YR	MO	DAY	YR	MO	DAY	
Fr	om: 14	07 01		To: 14	4 09 30	

NON-CONTACT COOLING WATER (009) (combined with excess seawater)

NOTE: Read instructions before completing this form.

PARAMETER			Quantity or Lo	oading		Quality or Concentration				Frequency Analysis	Sample Type
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Average	Units	Minimum	Monthly Average	Daily Maximum	Units			
NON-CONTACT COOLING WATER (009) COMBINED with EXCESS SEAWATER	Sample Measurement					0.00040	0.00040	mg/L	0	1/quarter	Grab
CHLORINE ₁ July - September	Permit Requirement					0.00583	0.0104			1/quarter	Grab
NON-CONTACT COOLING WATER (009) COMBINED with EXCESS SEAWATER					See Attachment #2 Chemical Inventory				0	1/month	List
CHEMICAL INVENTORY July - September						Report				1/month	List
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PEN	ALTY OF LAW THAT THIS DOCUME	NT AND ALL ATTACHMEN	S WERE PREPARED UNDER	_		TELEPHON	E	DATE	
Jim Guion Executive Vice President,			PERVISION IN ACCORDANCE WITH LY GATHER AND EVALUATE THE IN IS WHO MANAGE THE SYSTEM, OR			M. Rh		(562) 62	28-1526	10 22	2014
Chief Operating Officer		BELIEF, TRUE, ACCUR.	ATE, AND COMPLETE. I AM AWARE	THAT THERE ARE SIGNIF	FICANT PENALTIES FOR	Marina Robertson, HSE Manager				MONTH	DAY/YEAR
TYPED OR PRINTED			J.S.C. & 1001 AND 33 U.S.C. & 1319. AND OR MAXIMUM IMPRISONMENT			Signature of PRINCIPAL E OFFICER or AUTHORIZE		Area Code	Number	IVIOINTE/L	

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

Chlorine values reported above are post-dilution per EPA Plumes UM. Chlorine limits are post-dilution as listed in the permit, Appendix C.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

PERMIT NO.

DISCHARGE MONITORING REPORT (DMR)

CAG280000 019

019 DISCHARGE NO. No Discharge

Х

Approved Form OMB No. 2000-0015

Beta Platform Ellen

LOCATION: 33° 34' 56.5"LAT., 118° 07' 41.6"LONG.

	M	ONITORI	NG PERI	OD		
YR	MO	DAY	YR	MO	DAY	
F	rom: 14	07 01		To: 14	09 30	

EXCESS CEMENT SLURRY (019)

NOTE: Read instructions before completing this form.

PARAMETER			Quantity or Lo	ading		Quality or C	oncentration			Frequency Analysis	Sample Type
			Average	Units	Minimum	Average	Maximum	Units			
EXCESS CEMENT SLURRY (019) FLOW VOLUME 1	Sample Measurement		No Discharge	Monthly							
June	Permit Requirement		Report	Average bbl/day						1/month	Estimate
EXCESS CEMENT SLURRY (019) FLOW VOLUME ₁	Sample Measurement		No Discharge	Monthly							
July - September	Permit Requirement		Report	Average bbl/day						1/month	Estimate
EXCESS CEMENT SLURRY ANNUAL CUMULATIVE VOLUME 2	Sample Measurement		No Discharge	Barrels/					0		
03/01/14 - 02/28/15	Permit ₁ Requirement		1,200 *	Year							
EXCESS CEMENT SLURRY SHEEN	Sample			# Davis		No Diochergo					
TEST/FREE OIL, FOAM, FLOATING SOLIDS June - July	Measurement Permit Requirement		No Discharge None	# Days Sheen Observed	No foam or flo	No Discharge pating solids				1/well 1/day	Visual Rec. Wate
ounc - oury	Sample Measurement		No Discharge		110 0	No Discharge					
August	Permit Requirement		None	Sheen Observed	No foam or flo No Oil	pating solids				1/well 1/day	Visual Rec. Wate
	Sample Measurement		No Discharge			No Discharge					
September	Permit Requirement		None	Sheen Observed	No foam or flo No Oil					1/well 1/day	Visual Rec. Wate
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENAL MY DIRECTION OR SUPE PERSONNEL PROPERLY	LTY OF LAW THAT THIS DOCUMENT ERVISION IN ACCORDANCE WITH A OF GATHER AND EVALUATE THE INFO	T AND ALL ATTACHMENTS SYSTEM DESIGNED TO AS DRMATION SUBMITTED. BA	WERE PREPARED UNDER SSURE THAT QUALIFIED ASED ON MY INQUIRY OF THE	m. 726	ut	TELEPHON		DATE	
Jim Guion Executive Vice President, Chief Operating Officer		PERSON OR PERSONS N	WHO MANAGE THE SYSTEM, OR TH MATION, THE INFORMATION SUBM TE AND COMPLETE LAM AWARE TO	HOSE PERSONS DIRECTLY ITTED IS, TO THE BEST OF	RESPONSIBLE FOR MY KNOWLEDGE AND ANT PENALTIES FOR	Marina Robertsor		(562) 628	8-1526	10 22	2014
Onioi Operating Oniooi		BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICA SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRIS VIOLATIONS. SEE 16 U.S.C. & 1001 AND 33 U.S.C. & 1319. (PENALTIES UNDER THESE 1			INSONMENT FOR KNOWING E STATUTES MAY INCLUDE SIGNATURE MAY INCLUDE SIGNATURE OF PRINCIPAL EXECUTIVE			Area		MONTH/DAY/\	/EAR
TYPED OR PRINTED COMMENT AND EXPLANATION OF ANY VIOL			D OR MAXIMUM IMPRISONMENT OF	F BETWEEN 6 MONTHS AN	D 5 YEARS)	OFFICER or AUTHORIZE	D AGENT	Code N	lumber		

The monthly average flow rates are based on the number of days of discharge (not on the number of days in each month).

² Annual cumulative volume limit is applied to the cumulative volumes for the period of March 2014 through February 2015. The total annual cumulative volume limit is a combined lin of excess cement slurry volumes from both Platforms Ellen and Elly, as listed in the permit.

LOCATION: 33° 34' 56.5"LAT., 118° 07' 41.6"LONG.

Beta Platform Ellen

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

No Discharge

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CAG280000
PERMIT NO.

Approved Form OMB No. 2000-0015

YR MO DA' From: 14 07 01

MONITORING PERIOD

O DAY YR MO DAY

14 07 01 To: 14 09 30

Diatomaceous Earth Filter Media

Blowout Preventer Fluids

Boiler Blowdown

Test Fluids

NOTE: Read instructions before completing this form.

PARAMETER			Quantity or L	oading		Quality or Co	ncentration		NO. Frequency EX. Analysis		Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units		,	, ,
(006) Blowout Preventer Fluids FREE OIL, FOAM, FLOATING	Sample Measurement					No Discharge					
SOLIDS	Permit				No free oil or floating	solids in the receiving water.				1/month	Visual
July - September	Requirement				No foam, in other than	trace amounts, in the receivin	g water.			1/discharge	Rec. Water
(007) Desalination Unit	Sample										
FOAM, FLOATING	Measurement					No Discharge					
SOLIDS	Permit				No floating solids in th	e receiving water.				1/month	Visual
July - September	Requirement				No foam, in other than	trace amounts, in the receivin	g water.			1/discharge	Rec. Water
(010) Ballast/Storage Displacement Wtr	Sample										
FLOW RATE, FREE OIL, FOAM, FLOATING	Measurement			Monthly		No Discharge					
SOLIDS	Permit			Average	No free oil or floating	solids in the receiving water.			au graeta	1/month	Estimate /
July - September	Requirement	Report		bbl/day	No foam, in other than	trace amounts, in the receivin	g water.			1/discharge	Visual Dayligh
(011) Bilge Water FLOW	Sample										
FREE OIL, FOAM, FLOATING SOLIDS	Measurement			Monthly		No Discharge					
	Permit			Average	No free oil or floating	solids in the receiving water.				1/month	Estimate
July - September	Requirement	Report		bbl/day	No foam, in other than	n trace amounts, in the receivin	ng water.			1/discharge	
(012) Boiler Blowdown	Sample										
FOAM, FLOATING SOLIDS	Measurement					No Discharge					
	Permit				No floating solids in the	e receiving water.				1/month	Visual
July - September	Requirement				No foam, in other that	n trace amounts, in the receivin	ng water.			1/discharge	Rec. Wate
(013) Test Fluids * FLOW RATE	Sample										
FREE OIL, FOAM, FLOATING SOLIDS	Measurement			Monthly		No Discharge				10 B 1 B 1 B 1 B 1 B 1 B 1 B 1 B 1 B 1 B	Paralle State
	Permit			Average	No free oil or floating	solids in the receiving water.				1/month	Estimate /
July - September	Requirement	Report		bbl/day	No foam, in other tha	n trace amounts, in the receiving	ng water.			1/discharge	Visual Dayligh
(014) Diatomaceous Earth Filter Media FREE OIL, FOAM, FLOATING SOLIDS	Sample Measurement					No Discharge					
	Permit		500-50 E (\$4.5) P (\$		No free oil or floating	solids in the receiving water.				1/month	Visual
July - September	Requirement				1	n trace amounts, in the receivir	ng water.			1/discharge	Rec. Wate
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	1	I CERTIFY UNDER PENALTY	OF LAW THAT THIS DOCUMEN	IT AND ALL ATTACHMENTS				TELEPHONE	: :	DATE	TO THE OWNER OF THE OWNER OF THE OWNER
	V-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	MY DIRECTION OR SUPERV	ISION IN ACCORDANCE WITH A	A SYSTEM DESIGNED TO	ASSURE THAT QUALIFIED	m. Rls	1				
		PERSONNEL PROPERLY G	ATHER AND EVALUATE THE INF	ORMATION SUBMITTED. E	ASED ON MY INQUIRY OF THE	M Www	A.				
Jim Guion		PERSON OR PERSONS WI-	O MANAGE THE SYSTEM, OR T	HOSE PERSONS DIRECTL	Y RESPONSIBLE FOR	i.c. Krong		(562) 628	-1526	10 22	2014
Executive Vice President,		GATHERING THE INFORMA	ITION, THE INFORMATION SUBM	MITTED IS, TO THE BEST O	F MY KNOWLEDGE AND						
Chief Operating Officer		BELIEF, TRUE, ACCURATE,	AND COMPLETE. I AM AWARE	THAT THERE ARE SIGNIFIC	CANT PENALTIES FOR	Marina Robertson,	HSE Manager				
		SUBMITTING FALSE INFOR	MATION INCLUDING THE POSSI	BILITY OF FINE AND IMPR	ISONMENT FOR KNOWING						
		VIOLATIONS, SEE 18 U.S.C	. & 1001 AND 33 U.S.C. & 1319. (PENALTIES UNDER THESE	STATUTES MAY INCLUDE	Signature of PRINCIPAL EX	ECUTIVE	Area		MONTH/	DAY/YEAR
TYPED OR PRINTED		FINES UP TO \$10,000 AND C	OR MAXIMUM IMPRISONMENT O	F BETWEEN 6 MONTHS A	ND 5 YEARS)	OFFICER or AUTHORIZED	AGENT	Code Nu	ımber		
COMMENT AND EXPLANATION OF ANY VIOLA	ATION (Referen	ce all attachmer	nts here.)								

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

nit

^{*} See Chemical Inventory, if discharged.

LOCATION: 33° 34' 56.5"LAT., 118° 07' 41.6"LONG.

Beta Platform Ellen

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

No	Discharge	
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CAG	280000
PERM	IIT NO.

015, 016, 017, 018, 020, 021

DISCHARGE NO.

Bulk Water Transfer Overflow Uncontaminated Water

Approved Form OMB No. 2000-0015

MONITORING PERIOD

Water Flooding Discharges

Laboratory Wastes (commingled w/ production)

Muds, Cuttings, Cement at Sea

 YR
 MO
 DAY
 YR
 MO
 DAY

 From: 14
 07
 01
 To: 14
 09
 30

Hydrotest Water

NOTE: Read instructions before completing this form.

PARAMETER			Quantity or L	oading.		Quality or Co	oncentration			Frequency Analysis	Sample Type
			Average	Units	Minimum	Average	Maximum	Units		,	
(015) Bulk Transfer Water Overflow	Sample				No floating solids in the	receiving water.				1/month	Visual
FOAM, FLOATING SOLIDS	Measurement				No foam, in other than t	trace amounts, in the receivi	ng water.		0	1/discharge	Rec. Water
	Permit				No floating solids in the	receiving water.			la de	1/month	Visual
July - September	Requirement				No foam, in other than t	trace amounts, in the receiv	ng water.			1/discharge	Rec. Water
(016) Uncontaminated Water₁	Sample				No floating solids in the	receiving water.				1/month	Visual
FOAM, FLOATING SOLIDS	Measurement				No foam, in other than t	trace amounts, in the receiv	ng water.			1/discharge	Rec. Water
	Permit				No floating solids in the	receiving water.				1/month	Visual
July - September	Requirement				No foam, in other than t	trace amounts, in the receivi	ng water.			1/discharge	Rec. Water
(017) Water Flooding Discharges	Sample										
FREE OIL, FOAM, FLOATING SOLIDS*	Measurement					No Discharge					
	Permit				No free oil or floating so	olids in the receiving water.				1/month	Visual
July - September	Requirement				No foam, in other than t	trace amounts, in the receiv	ng water.			1/discharge	Rec. Water
(018) Laboratory Wastes FREE OIL	Sample				No free oil or floating so	olids in the receiving water.				1/month	Visual
FOAM, FLOATING SOLIDS	Measurement				No foam, in other than t	trace amounts, in the receiv	ng water.		0	1/discharge	Rec. Water
(Commingled withproduction)	Permit				No free oil or floating so	olids in the receiving water.			Sekie	1/month	Visual
July - September	Requirement				No foam, in other than t	trace amounts, in the receiv	ng water.			1/discharge	Rec. Water
(020) Muds, Cuttings, Cement at Sea Floor	Sample										
FREE OIL, FOAM, FLOATING SOLIDS	Measurement				2	No Discharge					
	Permit				No free oil or floating so	olids in the receiving water.				1/month	Visual
July - September	Requirement				No foam, in other than t	trace amounts, in the receiv	ng water.			1/discharge	Rec. Water
(021) Hydrotest Water FLOW RATE	Sample										
FREE OIL, FOAM, FLOATING SOLIDS	Measurement			Monthly		No Discharge					
	Permit			Average	No free oil or floating so	olids in the receiving water.				1/month	Estimate /
July - September	Requirement	Report		bbl/day	No foam, in other than t	trace amounts, in the receiv				1/discharge	Visual Dayligh
(021) HYDROTEST WATER *	Sample					No	No				
CHLORINE	Measurement					Discharge	Discharge	ug/L			
	Permit									1/month	
July - September	Requirement					N/A	N/A			1/discharge	Grab
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALT	Y OF LAW THAT THIS DOCUME	ENT AND ALL ATTACHMEN	TS WERE PREPARED UNDER			TELEPHONE		DATE	
		MY DIRECTION OR SUPER	VISION IN ACCORDANCE WITH	H A SYSTEM DESIGNED TO	ASSURE THAT QUALIFIED						
		PERSONNEL PROPERLY	BATHER AND EVALUATE THE IN	NFORMATION SUBMITTED.	BASED ON MY INQUIRY OF THE	MUK	C/L			l	
Jim Guion		PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR					(562) 628	-1526	10 22	2014	
Executive Vice President,		GATHERING THE INFORM	ATION, THE INFORMATION SUI	BMITTED IS, TO THE BEST	OF MY KNOWLEDGE AND						
Chief Operating Officer		BELIEF, TRUE, ACCURATE	, AND COMPLETE. I AM AWAR	E THAT THERE ARE SIGNIF	FICANT PENALTIES FOR	Marina Robertson	HSE Manager				
		SUBMITTING FALSE INFO	RMATION INCLUDING THE POS	SSIBILITY OF FINE AND IMP	PRISONMENT FOR KNOWING						
		VIOLATIONS, SEE 18 U.S.	C. & 1001 AND 33 U.S.C. & 1319	9. (PENALTIES UNDER THE	SE STATUTES MAY INCLUDE	Signature of PRINCIPAL EX	KECUTIVE	Area		MONTH/E	AY/YEAR
TYPED OR PRINTED	ATION (D. f.	FINES UP TO \$10,000 AND	OR MAXIMUM IMPRISONMENT	OF BETWEEN 6 MONTHS	AND 5 YEARS)	OFFICER or AUTHORIZED	AGENT	Code Nu	mber		

¹ Uncontaminated water (excess seawater) is combined with non-contact cooling water (refer to non-contact cooling water discharge 009)

^{*} See Chemical Inventory, if discharged.

Beta Offshore 111 W. Ocean Blvd. Suite 1240 NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

No Discharge

Χ

CAG280000 PERMIT NO. 022 DISCHARGE NO. Approved Form OMB No. 2000-0015

Beta Platform Ellen

Long Beach, Ca 90802

LOCATION: 33° 34' 56.5"LAT., 118° 07' 41.6"LONG.

	MO	NITORII	NG PERI	OD						
YR	MO	DAY	YR	MO	DAY					
From: 14 07 01 To: 14 09 30										

H2S Gas Processing Waste Water

NOTE: Read instructions before completing this form.

PARAMETER			Quantity or L	oading		Quality or Co	oncentration			Frequency Analysis	Sample Type
. , , , ,		Average	Maximum	Units	Minimum	Average	Maximum	Units	1	,ay =	.,,,,,
(022) H2S Gas Processing Waste Water	Sample Measurement			Monthly							
74076 1 0 July - September	Permit Requirement	Report		Average bbl/day						1/discharge	Estimate
(022) H2S Gas Processing Waste Water FREE OIL, FOAM, FLOATING SOLIDS	Sample Measurement				ı	No Discharge					
	Permit				No free oil or floating sol	ids in the receiving water.					Visual -
July - September	Requirement				No foam, in other than tr	ace amounts, in the receivi	ng water.		100	1/discharge	Daylight
Surfactants, Detergents, Dispersants	Sample Measurement					Minimized			0		
July - September	Permit Requirement					Minimize					
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALT	Y OF LAW THAT THIS DOCUME	ENT AND ALL ATTACHMEN	TS WERE PREPARED UNDER	\sim	1	TELEPHONE		DATE	
Jim Guion Executive Vice President,		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND				when the same of t	(562) 628-1526		10 22	2014	
Chief Operating Officer		BELIEF, TRUE, ACCURATE SUBMITTING FALSE INFO	, AND COMPLETE. I AM AWARE	E THAT THERE ARE SIGNII	PRISONMENT FOR KNOWING	Marina Robertson,					
TYPED OR PRINTED		200 8/88/2 207 (5) 178	C, & 1001 AND 33 U.S.C, & 1319. OR MAXIMUM IMPRISONMENT			Signature of PRINCIPAL EX DFFICER or AUTHORIZED		Area Code Nu	mber	MONTH/D.	AY/YEAR

Attachment 2 Chemical Inventory

ATTACHMENT 2 PLATFORM ELLEN MISCELLANEOUS DISCHARGES CHEMICAL INVENTORY July 1, 2014 through September 30, 2014

Fluid Type	Volume	Product Name	Estimated Chemical Quantity	Average End-of-Pipe ₁ Concentration
<u>r idid Type</u>	(Monthly avg bbls per day)	1 Todact Italiic	(Monthly avg gal per day)	(mg/l)
009 Non-contact Cooling Water	(memory and acceptance)		,	(0 /
(combined with excess seawater)				
July	36,000	Chlorine	0.76	0.5
August	36,000	Chlorine	0.76	0.5
September	36,000	Chlorine	0.91	0.6
008 Fire Control System Water	N/A	None	None	None
013 Test Fluids	No Discharge	No Discharge	None	None
017 Water Flooding Discharges	No Discharge	No Discharge	None	None
021 Hydrotest Water	No Discharge	No Discharge	None	None

¹ Chemical quantity for non-contact cooling water calculated with Operations daily monitoring results using a non-EPA chlorine test method (Hach DPD Color Wheel). The chlorine concentrations are the same for Ellly and Ellen since Ellen's seawater pump supplies the non-contact cooling water to Elly.

N /A: Not chlorinated

Attachment 3 Non-Contact Cooling Water Chlorine Residual Results

ATTACHMENT 3 PLATFORM ELLEN NON-CONTACT COOLING WATER CHLORINE RESULTS July 1, 2014 through September 30, 2014

<u>Discharge</u>	Measurement <u>Frequency</u>	Average Monthly Limit ₁ Post Dilution (mg/l)	Maximum Daily Limit 1 Post Dilution (mg/l)	Result Post Dilution (mg/l)	End-of-Pipe Concentration (mg/l) EPA Method 330.5	EPA Plumes <u>Dilution</u>
009 Non-contact Cooling Water Sample Date: 07/29/14	Once/Quarter	0.00583	0.0104	0.00040	0.06	149:1

¹Limits are post-dilution as listed in the permit, Appendix C.



August 13, 2014

Attn: Marina Robertson

Quarterly NPDES chlorine residuals on the non-contact cooling water outlet were as follows:

Sample Date / Time

Location

Total Chlorine Residual

Platform Elly / Ellen

(EPA Method 330.5) End of Pipe

July 29, 2014 @ 1300 hrs

Non-Contact Cooling Water Outlet East Seawater Pump 0.06 mg/l

LTS Meter S/N: 12040E195572

Method Blank < 0.05 mg/l (MDL)

Technician: Cole Jenkins

S.G. Lawry

Environmental Specialist / LTS



September 8, 2014

Quality Control

As part of the annual in-house quality control chlorine meter check and to ensure proper operation of the meters, LTS Environmental performed a total residual chlorine test with a known value obtained from RT Corporation. Results of this test are as follows:

Test Date	Total Residual Chlorine
September 5, 2014	(EPA Method 330.5)

LTS meter (SN 041200088375) **0.57 mg/l**LTS meter (SN 12040E195572) **0.52 mg/l**

RT Corporation test sample: (Lot #QC1065-021081)

Acceptance Limits
Certified Value

0.481 - 0.835 mg/l $0.658 \text{ mg/l} \pm 0.0110$

Method Blank < 0.05 mg/l

LTS Lead Technician: Mike Apple

S.G. Lawry

Environmental Specialist

President, LTS

Platform Eureka Attachment 1

EPA DMR PERMIT NO. CAG280000

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

WELL DISCHARGE MONITORING REPORT (Well DMR)

No Discharge

Х

CAG280000 PERMIT NO. 001 DISCHARGE NO. Approved Form OMB No. 2000-0015

Beta Platform Eureka

LOCATION: 33° 33' 49.61"LAT., 118° 06' 59.38"LONG.

Γ		MONITORIN	IG PERIO	OD		DRILLING FLUIDS AND DRILL CUTTINGS (001)
Ī	YR M	O DAY	YR	MO	DAY	
	From:	14 07 01		To:	14 09 30	

NOTE: Read instructions before completing this form.

PARAMETER			Quantity or Lo	ading		Quality or C	oncentration		NO. EX.	Frequency Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units		_	
DRILLING FLUIDS VOLUME Well # N / A	Sample Measurement		No Discharge	Barrels/							
July	Permit Requirement		Report	Well						1/well 1/day	Estimate
Well # N / A	Sample Measurement		No Discharge	Barrels/							
August	Permit Requirement		Report	Well						1/well 1/day	Estimate
Well # N / A	Sample Measurement		No Discharge	Barrels/							
September	Permit Requirement		Report	Well						1/well 1/day	Estimate
Quarterly Total	Sample Measurement		0	Barrels/					0		
07/01/14 - 09/30/14	Permit Requirement		Report	Quarter							
Annual Cumulative Volume Limit ₁	Sample Measurement		0	Barrels/					0		
03/01/14 - 02/28/15	Permit Requirement		36,650	Year							
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENA MY DIRECTION OR SUPE	LTY OF LAW THAT THIS DOCUMENT	FAND ALL ATTACHMENTS V	VERE PREPARED UNDER	\bigcirc	1	TELEP	HONE	DAT	E
Jim Guion Executive Vice President, Chief Operating Officer		PERSONNEL PROPERLY PERSON OR PERSONS	GATHER AND EVALUATE THE INFO	ORMATION SUBMITTED. BA	SED ON MY INQUIRY OF THE RESPONSIBLE FOR MY KNOW! EDGE AND	M. Koli	t	(562) 628	3-1526	10 22	2014
Chief Operating Officer		BELIEF, TRUE, ACCURA	TE, AND COMPLETE. I AM AWARE T	HAT THERE ARE SIGNIFICA	INT PENALTIES FOR	Marina Robertso	n, HSE Manager				
TYPED OR PRINTED			ORMATION INCLUDING THE POSSII S.C. & 1001 AND 33 U.S.C. & 1319. (F ID OR MAXIMUM IMPRISONMENT O		STATUTES MAY INCLUDE	Signature of PRINCIPAL EXEC		Area Code	Number	MONTH/DAY/YEA	AR .
COMMENT AND EXPLANATION OF ANY VIO	LATION (Deferen			DETTECH O MONTHS AND	70 (200)	1 JEN GI NO INCINEED A		1		<u> </u>	

Annual cumulative volume limit is applied to the cumulative volumes for the period of March 2014 through February 2015.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

WELL DISCHARGE MONITORING REPORT (Well DMR)

No Discharge

Х

CAG280000 PERMIT NO. 001 DISCHARGE NO. Approved Form OMB No. 2000-0015

Beta Platform Eureka

LOCATION: 33° 33' 49.61"LAT., 118° 06' 59.38"LONG.

Г		MC	NITORIN	NG PERI	OD		DRILLING FLUIDS AND DRILL CUTTINGS (001)
	YR	MO	DAY	YR	MO	DAY	
	Fr	om: 14	1 07 01		To: 1	4 09 30	

NOTE: Read instructions before completing this form.

PARAMETER			Quantity or Lo	ading		Quality or C	oncentration		NO. EX.	Frequency Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
DRILL CUTTINGS VOLUME Well # N / A	Sample Measurement		No Discharge	Barrels/							
82596 1 0 July	Permit Requirement		Report	Month						1/well 1/day	Estimate Grab
Well # N / A	Sample Measurement		No Discharge	Barrels/							
August	Permit Requirement		Report	Month						1/well 1/day	Estimate Grab
Well # N / A	Sample Measurement		No Discharge	Barrels/							
September	Permit Requirement		Report	Month						1/well 1/day	Estimate Grab
Annual Cumulative Volume Limit ₁	Sample Measurement		0	Barrels/					0		
03/01/14 - 02/28/15	Permit Requirement		13,350	Year							
DRILL FLUIDS/CUTTINGS FREE OIL	Sample Measurement					No Discharge		# Days Sheen			
July	Permit Requirement				Negative Static S	Sheen Test/Free Oil		Observed		1/well 1/day	Visual Visual
	Sample Measurement					No Discharge		# Days Sheen			
August	Permit Requirement				Negative Static S	Sheen Test/Free Oil		Observed		1/well 1/day	Visual Visual
<u> </u>	Sample Measurement					No Discharge		# Days Sheen			
September	Permit Requirement				Negative Static S	Sheen Test/Free Oil		Observed		1/well 1/day	Visual Visual
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENAL	LTY OF LAW THAT THIS DOCUMEN	T AND ALL ATTACHMEN	TS WERE PREPARED UNDER			TELEPH	IONE	DAT	E
Jim Guion Executive Vice President, Chief Operating Officer		MY DIRECTION OR SUPE PERSONNEL PROPERLY PERSON OR PERSONS V	RVISION IN ACCORDANCE WITH A 'GATHER AND EVALUATE THE INF WHO MANAGE THE SYSTEM, OR T	SYSTEM DESIGNED TO ORMATION SUBMITTED. HOSE PERSONS DIRECT	D ASSURE THAT QUALIFIED BASED ON MY INQUIRY OF THE ILY RESPONSIBLE FOR	M. Pl	when	(562) 628	-1526	10 22	2014
Since Sportaining Sinosi		BELIEF, TRUE, ACCURAT	TE, AND COMPLETE. I AM AWARE ORMATION INCLUDING THE POSSI	THAT THERE ARE SIGNII	FICANT PENALTIES FOR PRISONMENT FOR KNOWING	Marina Robertson	n, HSE Manager				
TYPED OR PRINTED		VIOLATIONS, SEE 18 U.S	S.C. & 1001 AND 33 U.S.C. & 1319. (D OR MAXIMUM IMPRISONMENT C	PENALTIES UNDER THE	SE STATUTES MAY INCLUDE AND 5 YEARS)	Signature of PRINCIPAL EXECU		Area Code N	umber	MONTH/DAY/YEA	R

Annual cumulative volume limit is applied to the cumulative volumes for the period of March 2014 through February 2015.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

WELL DISCHARGE MONITORING REPORT (Well DMR)

No Discharge

Х

CAG280000 PERMIT NO. 001 DISCHARGE NO. Approved Form OMB No. 2000-0015

Beta Platform Eureka

LOCATION: 33° 33' 49.61"LAT., 118° 06' 59.38"LONG.

	MC	NITORII	NG PER	IOD		DRILLING FLUIDS AND DRILL CUTTINGS (001)
YR	MO	DAY	YR	MO	DAY	
Fr	om: 14	4 07 01		To: 14	4 09 30	

NOTE: Read instructions before completing this form.

PARAMETER			Quantity or Lo	oading	Quality or Concentration		NO. EX.	Frequency Analysis	Sample Type
		Average	Maximum	Units	Maximum	Units			. 71
DRILLING FLUIDS TOXICITY	Sample Measurement				N/A	% by			
	Permit Requirement				LC50 > 3% SPP	Volume		(0-80%) Well Footage	Grab
DRILLING FLUIDS TOXICITY	Sample Measurement				N/A	% by			
WELL No.	Permit Requirement				LC50 > 3% SPP	Volume		(80-100%) Well Footage	Grab
BARITE MERCURY	Sample Measurement				N/A	mg / kg			
	Permit Requirement				1 mg / kg			Stock Barite	Grab
BARITE CADMIUM	Sample Measurement				N/A	mg / kg			
	Permit Requirement				3 mg / kg			Stock Barite	Grab
DRILL FLUIDS CHEMICAL INVENTORY	Sample Measurement				N/A				
WELL No.	Permit Requirement				Report			Each Mud System	
No. DAYS DISCHARGE FOR EACH DRILLING FLUID	Sample Measurement				N/A				
	Permit Requirement				Report			# Days Each	
PROHIBITED DISCHARGE 1. Oil-based Fluids					N/A			N/A	
Diesel Oil Non-aqueous based drilling fluids	or cuttings				No Discharge			N/A	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALT	Y OF LAW THAT THIS DOCUMEN	IT AND ALL ATTACHMENT	S WERE PREPARED UNDER	TELEPH	HONE	DATE	
Jim Guion Executive Vice President, Chief Operating Officer		MY DIRECTION OR SUPERIOR PERSONNEL PROPERLY G PERSON OR PERSONS WH GATHERING THE INFORMA	VISION IN ACCORDANCE WITH A SATHER AND EVALUATE THE INF HO MANAGE THE SYSTEM, OR T ATION, THE INFORMATION SUBM	A SYSTEM DESIGNED TO . CORMATION SUBMITTED. E THOSE PERSONS DIRECTL MITTED IS, TO THE BEST C	ASSURE THAT QUALIFIED MASED ON MY INQUIRY OF THE Y RESPONSIBLE FOR IF MY KNOWLEDGE AND	(562) 628	-1526	10 22	2014
		BELIEF, TRUE, ACCURATE, SUBMITTING FALSE INFOR	, AND COMPLETE. I AM AWARE RMATION INCLUDING THE POSS C. & 1001 AND 33 U.S.C. & 1319	THAT THERE ARE SIGNIFI IBILITY OF FINE AND IMPR	CANT PERMALTIES FOR Marina Robertson, HSE Manager ISONMENT FOR KNOWING STATUTES MAY INCLUDE Signature of PRINCIPAL EXECUTIVE	Area		MONTH/DAY/YEAR	****
TYPED OR PRINTED			OR MAXIMUM IMPRISONMENT C	OF BETWEEN 6 MONTHS A	■ 1 × 1 × 1 × 1 × 1 × 1 × 1 × 1 × 1 × 1		lumber		

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

N / A: No discharge of drilling fluids

	NATIONAL POLLUTANT	DISCHARGE	ELIMINATION	SYSTEM	(NPDES
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DISCHARGE MONITORING REPORT (DMR)

CAG280000
PERMIT NO.

002
DISCHARGE NO.

No Discharge

Approved Form OMB No. 2000-0015

Beta Platform Eureka

LOCATION: 33° 33' 49.61"LAT., 118° 06' 59.38"LONG.

	MC	NITORII	NG PER	IOD	
YR	MO	DAY	YR	MO	DAY
Fi	rom: 14	07 01		To: 14	09 30

PRODUCED WATER (002) (commingled at Platform Elly)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading				Quality or Concentration				Frequency Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units	1	,,	.,,,,
PRODUCED WATER FLow Rate	Sample Measurement	N/A									
(commingled at Platform Elly) July - September	Permit Requirement									1/day	Estimate
QUARTERLY AVERAGE	e second		A SERVICE								
Volume		N/A									
	A Paris									1/quarter	Estimate
ANNUAL CUMULATIVE Volume _{1,2}	Sample Measurement		N/A	Barrels/				era de Saladario			
03/01/14 - 02/28/15	Permit ₁ Requirement		10,950,000 Year								
PRODUCED WATER	Sample		10,930,000				2500 CATHONNE CON BUILD.				
OIL & GREASE	Measurement					No Discharge	No Discharge				
	Permit Requirement					29.0	42.0	mg/L		1/week	Grab
						N/A	N/A		-3-6-3		
Enforceable Limits:	Access.										
PRODUCED WATER QUARTERLY CONSTITUENTS						No Discharge	No Discharge				e antaren
	1 25 AV				le autori			Nau 1 16 369		1/month for 1 year	Grab
NAME/TITLE PRINCIPAL EXECUTIVE OFFICE	R	I CERTIFY UNDER PENALTY O	F LAW THAT THIS DOCUMENT AN	D ALL ATTACHMENTS WE	RE PREPARED UNDER			TELEP	HONE	D/	ATE
Jim Guion Executive Vice President, Chief Operating Officer		MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF TH PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR			D ON MY INQUIRY OF THE	M. Plut		(562) 628	3-1526	10 22	2014
		GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR			Marina Robertson						
TYPED OR PRINTED		SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319, (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 8 MONTHS AND 5 YEARS)			Signature of PRINCIPAL EXECUTIVE Area OFFICER or AUTHORIZED AGENT Code			MONTH/DA'		AY/YEAR	

¹ Permit volume limit applies to a combined produced water volume between platforms Eureka, Ellen, and Elly, as listed in the permit (refer to Plt. Elly DMR).

² Annual cumulative volume limit is applied to the cumulative volumes for the period of March 2014 through February 2015.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

No Discharge

Х

CAG280000 PERMIT NO. 003 DISCHARGE NO. Approved Form OMB No. 2000-0015

Beta Platform Eureka LOCATION: 33° 33' 49.61"LAT., 118° 06' 59.38"LONG.

	MONITORING PERIOD											
YR	MO	DAY	YR	MO	DAY							
	From:	14 07 01		To:	14 09 30							

WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS (003)

NOTE: Read instructions before completing this form.

PARAMETER			Quantity or Lo	oading	Quality or Concentration				NO. EX.	NO. Frequency EX. Analysis	
		Average	Maximum	Units	Minimum	Average	Maximum	Units	1	,	Туре
WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS	Sample Measurement		0	Number of							
	Permit Requirement		Report	Jobs							
WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS Static Sheen	Sample Measurement					No Discharge		# Times			
July	Permit Requirement				Negative Static S	Sheen Test - # Times o	bserved-None	Sheen Observed		1/discharge	Grab
•	Sample Measurement					No Discharge	***************************************	# Times			
August	Permit Requirement				Negative Static S	Sheen Test - # Times o	bserved-None	Sheen Observed		1/discharge	Grab
	Sample Measurement					No Discharge		# Times			
September	Permit Requirement				Negative Static S	Sheen Test - # Times o	bserved-None	Sheen Observed		1/discharge	Grab
WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS	Sample Measurement						A und				
Chemical Inventory July - September	Permit Requirement					Report				1/month	List
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER					TELEPHONE		DATE		
Jim Guion Executive Vice President, Chief Operating Officer		MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INCUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR				t	(562) 628-1526		10 22	2014	
Chief Operating Officer			AND COMPLETE, I AM AWARE		NT PENALTIES FOR ONMENT FOR KNOWING	Marina Robertson,				MONTHE	AV/0/5A5
VIOLATIONS, SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1316, (PENALTIES UNDER THESE S TYPED OR PRINTED FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)			CONTROL OF THE PARTY OF THE PAR			Area Code Nur	mber	MONTH/D	AY/YEAR		

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

N / A: No WTCF discharged during this DMR period.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

No Discharge

CAG280000 PERMIT NO.

004 DISCHARGE NO. Approved Form OMB No. 2000-0015

Beta Platform Eureka LOCATION: 33° 33' 49.61"LAT., 118° 06' 59.38"LONG.

	MONITORING PERIOD										
YR	MO	DAY	YR	MO	DAY						
ı	rom: 14	07 01		To: 14	09 30						

DECK DRAINAGE (004)

(Commingled with rain and fire water to disposal well)

NOTE: Read instructions before completing this form.

NO. Frequency Sample

PARAMETER			Quantity or Lo	ading	Quality or Concentration					Frequency Analysis	Sample Type
		Average		Units	Minimum	Average	Maximum	Units			
DECK DRAINAGE VOLUME Flow Rate ₁	Sample Measurement		No Discharge	Mo. Avg. bbl/day							
(Commingled with fire water) July	Permit Requirement		Report							1/month	Estimate
-	Sample Measurement		No Discharge	Mo. Avg. bbl/day							
August	Permit Requirement		Report							1/month	Estimate
	Sample Measurement		No Discharge	Mo. Avg. bbl/day							
September	Permit Requirement		Report							1/month	Estimate
DECK DRAINAGE Free Oil	Sample Measurement		No Discharge	# Days		No Discharge					
July	Permit Requirement		No Sheen	Sheen Observed	No free oil/visual	sheen on the receivi	ng water.			1/day	Visual - Daylight
	Sample Measurement		No Discharge			No Discharge					
August	Permit Requirement		No Sheen	Sheen Observed	No free oil/visual	sheen on the receivi	ng water.			1/day	Visual - Daylight
	Sample Measurement		No Discharge			No Discharge					
September	Permit Requirement		No Sheen	Sheen Observed	No free oil/visual	sheen on the receivi	ng water.			1/day	Visual - Daylight
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER						TELEPHO	ONE	DATE	
Jim Guion Executive Vice President, Chief Operating Officer		MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO AS PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BA PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY			SSURE THAT QUALIFIED ASED ON MY INQUIRY OF THE	M. Ph	ul	(562) 62	8-1526	10 22	2014
		GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEI BELIEF, TRUE, ACCURATE, AND COMPLETE I AM AWARE THAT THERE ARE SIGNIFICANT PENALTH				MY KNOWLEDGE AND NT PEMALTIES FOR Marina Robertson, HSE Manager					
TYPED OR PRINTED		110211101101101010	.C. & 1001 AND 33 U.S.C. & 1319. (I		STATUTES MAY INCLUDE				umber	MONTH/D	AY/YEAR
TYPED OR PRINTED COMMENT AND EXPLANATION OF ANY VIO	LATION (Referer			F BETWEEN 6 MONTHS AN	ND 5 YEARS)	OFFICER or AUTHORIZED	AGENT	Code N	umber		

¹ Deck drains and related rain water are sent to a disposal well and are not discharged.

LOCATION: 33° 33' 49.61"LAT., 118° 06' 59.38"LONG.

Beta Platform Eureka

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDE\$)

DISCHARGE MONITORING REPORT (DMR)

No Discharge	
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CA	G280000
PE	RMIT NO.

005 DISCHARGE NO.

Approved Form OMB No. 2000-0015

	MC	NITORIN	IG PERI	OD	
YR	MO	DAY	YR	MO	DAY
_ Fr	om: 14	07 01		To: 14	09 30

SANITARY & DOMESTIC WASTE (005)

PARAMETER		Quantity or Loading			Quality or Concentration			NO. EX.		Frequency Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units		, , , , , , , , , , , , , , , , , , , ,	.,,,,,
SANITARY WASTE FLOW RATE 1	Sample Measurement	60.0		Monthly					0	1/day	Estimate
July	Permit Requirement	Report		Average bbl/day						1/month	Estimate
	Sample Measurement	45.0		Monthly					0	1/day	Estimate
August	Permit Requirement	Report		Average bbl/day						1/month	Estimate
	Sample Measurement	47.0		Monthly					0	1/day	Estimate
September	Permit Requirement	Report		Average bbl/day						1/month	Estimate
SANITARY WASTE FLOATING SOLIDS	Sample Measurement		0	# days	No floating solids	in the receiving water	S.		0	1/day	Visual - Daylight
July	Permit Requirement		None	observed	No floating solids in the receiving waters.					1/day	Visual - Daylight
	Sample Measurement		0	# days	No floating solids in the receiving waters.				0	1/day	Visual - Daylight
August	Permit Requirement		None	observed	No floating solids in the receiving waters.					1/day	Visual - Daylight
	Sample Measurement		0	# days observed	No floating solids in the receiving waters.				0	1/day	Visual - Daylight
September	Permit Requirement		None		No floating solids in the receiving waters.					1/day	Visual - Daylight
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER						TELEPHON	E	DATE	
Jim Guion Executive Vice President,		MY DIRECTION OR SUPER PERSONNEL PROPERLY O PERSON OR PERSONS W GATHERING THE INFORM.	VISION IN ACCORDANCE WITH FATHER AND EVALUATE THE IN HO MANAGE THE SYSTEM, OR ATION, THE INFORMATION SUB	HA SYSTEM DESIGNED TO AFORMATION SUBMITTED. I THOSE PERSONS DIRECTI SMITTED IS, TO THE BEST O	ASSURE THAT QUALIFIED BASED ON MY INQUIRY OF THE LY RESPONSIBLE FOR DF MY KNOWLEDGE AND	M. Phi		(562) 628	3-1526	10 22	2014
Chief Operating Officer		BELIEF, TRUE, ACCURATE, AND COMPLETE I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING					, HSE Manager				
TYPED OR PRINTED		FINES UP TO \$10,000 AND	C. & 1001 AND 33 U.S.C. & 1319 OR MAXIMUM IMPRISONMENT	OF BETWEEN 6 MONTHS A	E STATUTES MAY INCLUDE AND 5 YEARS)	Signature of PRINCIPAL E		Area Code	Number	MONTH/D	AY/YEAR

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

File: DMR005.xls

¹ Sanitary includes restroom sinks, showers and toilets.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

CAG280000
PERMIT NO.

005 DISCHARGE NO. No Discharge

Approved Form OMB No. 2000-0015

Beta Platform Eureka LOCATION: 33° 33' 49.61"LAT., 118° 06' 59.38"LONG.

	MON	ITOR	ING PE	RIOD		
YR	MO	DA	YR	MO	DAY	
Fro	m: 14 07	01		To:	14 09 30	

SANITARY & DOMESTIC WASTE (005) (Domestic laundry separate from sanitary)

NOTE: Read instructions before completing this form.

PARAMETER			Quantity or	Loading		Quality or Concentration			NO. EX.	Frequency Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units	<u>-</u> /	/ trialysis	Type
SANITARY WASTE RESIDUAL CHLORINE 1	Sample Measurement				N/A	N/A	N/A		0		
July	Permit Requirement				1 mg/l	N/A	10 mg/l	mg/l		Monthly	Grab
	Sample Measurement				N/A	N/A	N/A		0		
August	Permit Requirement				1 mg/l	N/A	10 mg/l	mg/l		Monthly	Grab
	Sample Measurement				N/A	N/A	N/A		0		
September	Permit Requirement				1 mg/l	N/A	10 mg/l	mg/l		Monthly	Grab
DOMESTIC WASTE (as laundry) FLOW RATE 2	Sample Measurement	No Discharge		Monthly							
July	Permit Requirement	Report		Average bbl/day						1/month	Estimate
	Sample Measurement	No Discharge		Monthly							
August	Permit Requirement	Report		Average bbl/day						1/month	Estimate
	Sample Measurement	No Discharge		Monthly							
September	Permit Requirement	Report		Average bbl/day						1/month	Estimate
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF L	AW THAT THIS DOCUMENT	AND ALL ATTACHMENT				TELEPHO	NE.	DATE	
		MY DIRECTION OR SUPERVISION	IN ACCORDANCE WITH A	SYSTEM DESIGNED TO	ASSURE THAT QUALIFIED		1	TELEPHO	NE	DATE	
Jim Guion Executive Vice President,		PERSONNEL PROPERLY GATHE PERSON OR PERSONS WHO MA GATHERING THE INFORMATION	R AND EVALUATE THE INFO MAGE THE SYSTEM, OR TH THE INFORMATION SUBMI	DRMATION SUBMITTED. E HOSE PERSONS DIRECTL ITTED IS, TO THE BEST C	ASSED ON MY INQUIRY OF THE Y RESPONSIBLE FOR OF MY KNOWLEDGE AND	m. 126		(562) 62	8-1526	10 22	2014
Chief Operating Officer		BELIEF, TRUE, ACCURATE, AND SUBMITTING FALSE INFORMATI	COMPLETE, I AM AWARE TO ON INCLUDING THE POSSIE	HAT THERE ARE SIGNIFI	CANT PENALTIES FOR	Marina Robertson	, HSE Manager				
TYPED OR PRINTED		VIOLATIONS, SEE 18 U.S.C. & 10 FINES UP TO \$10,000 AND OR MA		ENALTIES UNDER THESE	STATUTES MAY INCLUDE ND 5 YEARS)	Signature of PRINCIPAL EX		Area Code	Number	MONTH/D	AY/YEAR

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

File: DMR005.xls

The sewage treatment unit is a marine sanitation device that complies with pollution control standards and regulations under Section 312 of the Clean Water Act. Thus, it is deemed to be in compliance with permit limitations for sanitary waste discharges (as per Condition II.E.1 Footnote 2 of CAG280000). Occasional chlorine tests are performed to ensure proper operation of the device.
 Domestic laundry wastewater is separate and sent to a disposal well. Domestic water from showers and sinks is commingled with sanitary.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

No Discharge

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CAG280000 PERMIT NO. 005 DISCHARGE NO.

Approved Form OMB No. 2000-0015

Beta Platform Eureka LOCATION: 33° 33' 49.61"LAT., 118° 06' 59.38"LONG.

	MC	NITORII	NG PEF	RIOD		
YR	MO	DAY	YR	MO	DAY	
Fı	rom: 14	07 01	_	To:	14 09 30	

NOTE: Read instructions before completing this form.

SANITARY & DOMESTIC WASTE (005)

(Domestic laundry separate from sanitary)

PARAMETER			Quantity or L	oading		Quality or Co	oncentration	NOTE. Nead	NO. EX.	Frequency Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units	-/·	7 thatyois	1,750
DOMESTIC WASTE (as laundry) FOAM / FLOATING SOLIDS 1	Sample Measurement		No Discharge			No Discharge					
July	Permit Requirement		None	Observed		solids in the receiving	waters.			1/day	Visual - Daylight
	Sample Measurement		No Discharge	# of Days		No Discharge					
August	Permit Requirement		None	Observed		solids in the receiving	waters.			1/day	Visual - Daylight
	Sample Measurement		No Discharge			No Discharge					
September	Permit Requirement		None	Observed		solids in the receiving	waters.			1/day	Visual - Daylight
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENA	LTY OF LAW THAT THIS DOCUME	ENT AND ALL ATTACHME	INTS WERE PREPARED UNDER			TELEPHO	NE	DATE	<u> </u>
Jim Guion		MY DIRECTION OR SUPE PERSONNEL PROPERLY PERSON OR PERSONS	ERVISION IN ACCORDANCE WITH (GATHER AND EVALUATE THE IN WHO MANAGE THE SYSTEM, OR	HA SYSTEM DESIGNED TO INFORMATION SUBMITTED THOSE PERSONS DIRECT	TO ASSURE THAT QUALIFIED D. BASED ON MY INQUIRY OF THE C CTLY RESPONSIBLE FOR	M. Rb	t	(562) 62	8-1526	10 22	2014
Executive Vice President, Chief Operating Officer		GATHERING THE INFOR	MATION, THE INFORMATION SUB TE, AND COMPLETE. I AM AWARE	BMITTED IS, TO THE BES E THAT THERE ARE SIGN	IT OF MY KNOWLEDGE AND	Marina Robertson,	HSE Manager	(===, ==	•		
		SUBMITTING FALSE INF	ORMATION INCLUDING THE POS S.C. & 1001 AND 33 U.S.C. & 1319	SIBILITY OF FINE AND IN	MPRISONMENT FOR KNOWING ESE STATUTES MAY INCLUDE	Signature of PRINCIPAL EX		Area		MONTH/D/	AY/YEAR
TYPED OR PRINTED			D OR MAXIMUM IMPRISONMENT	OF BETWEEN 6 MONTH	S AND 5 YEARS)	OFFICER or AUTHORIZED	AGENT	Code	Number		

¹ Domestic waste (as laundry) is sent to a disposal well and not discharged. Domestic waste from sinks and showers is reported under Sanitary discharges.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

CAG280000 PERMIT NO.

008 DISCHARGE NO. No Discharge

Х

Approved Form OMB No. 2000-0015

Beta Platform Eureka LOCATION: 33° 33' 49.61"LAT., 118° 06' 59.38"LONG.

	MC	NITORIN	IG PER	IOD	
YR	MO	DAY	YR	MO	DAY
Fı	rom: 14	07 01		To: 14	4 09 30

FIRE CONTROL WATER (008) (deluge commingled with deck drains)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading				Quality or C	oncentration		NO. EX.	Frequency Analysis	Sample Type
			Average	Units	Minimum	Average	Maximum	Units			
FIRE CONTROL SYSTEM TEST WATER	Sample				<u>,,,,,</u>		Widalitialii	Onito	STALL SE	neralistic et et anno	HER KARAMA
(008) - FOAM, FLOATING SOLIDS 1	Measurement		No Discharge	# Days		No Discharge					
	Permit			Observed	No floating solids in the receiving water.				25000		Visual -
July	Requirement	美国国际政	None		No foam, in other than to	No foam, in other than trace amounts, in the receiving water.				1/day	Daylight
	Sample			_					100.018		Visual -
	Measurement		No Discharge	# Days		No Discharge					
	Permit			Observed	No floating solids in the						Visual -
August	Requirement		None			race amounts, in the receivi	ng water			1/day	Daylight
	Sample						ing reaction		520,42	Commission Care	Daylight
	Measurement		No Discharge	# Days		No Discharge					
	Permit			Observed	No floating solids in the	No floating solids in the receiving water.			銀色過程		Visual -
September	Requirement		None		No foam, in other than to	race amounts, in the receivi	ng water.			1/day	Daylight
						Monthly Average	Daily Maximum				
FIRE CONTROL SYSTEM	Sample					Average	Waxiiiuiii				
TEST WATER (008) CHLORINE 2	Measurement					N/A	N/A	mg/L			
luly Contombor	Permit										
July - September	Requirement Sample					N/A	N/A		0.00016	1/month	Grab
	Measurement										
	Permit								0-44		
	Requirement										
FIRE CONTROL SYSTEM TEST WATER Chemical Inventory 2	Sample Measurement					N/A				1/month	List
July - September	Permit										Liot
	Requirement					Report				1/month	List
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENA	LTY OF LAW THAT THIS DOCUME	NT AND ALL ATTACHMEN	TS WERE PREPARED UNDER			TELEPHONE	=	DATE	
Jim Guion Executive Vice President, Chief Operating Officer		MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM. OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR			ASSURE THAT QUALIFIED	M. Plut		(562) 628		10 22	2014
		BELIEF, TRUE, ACCURA	TE, AND COMPLETE. I AM AWARE	THAT THERE ARE SIGNI	FICANT PENALTIES FOR	Marina Robertsor	, HSE Manager				
	**	VIOLATIONS, SEE 18 U.	ORMATION INCLUDING THE POSS 5.C. & 1001 AND 33 U.S.C. & 1319.	BIBILITY OF FINE AND IMP (PENALTIES UNDER THE	PRISONMENT FOR KNOWING SE STATUTES MAY INCLUDE	Signature of PRINCIPAL E	XECUTIVE	Area		MONTH/DAY/YI	EAR
TYPED OR PRINTED COMMENT AND EXPLANATION OF ANY VIOLA			D OR MAXIMUM IMPRISONMENT	OF BETWEEN 6 MONTHS	AND 5 YEARS)	OFFICER or AUTHORIZE	DAGENT	Code No	umber		

¹ Fire water is commingled with deck drains and sent to a disposal well and is not discharged.

² Fire water is not chlorinated or chemically treated.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

CAG	280000
PER	MIT NO.

009
DISCHARGE NO.

No Discharge

Approved Form OMB No. 2000-0015

Beta Platform Eureka

LOCATION: 33° 33' 49.61"LAT., 118° 06' 59.38"LONG.

	MC	NITORII	NG PER	IOD		
YR	MO	DAY	YR	MO	DAY	
Fr	om: 14	07 01		To: 14	1 09 30	

NON-CONTACT COOLING WATER (009) (combined with excess seawater)

NOTE: Read instructions before completing this form.

PARAMETER			Quantity or L	oading		Quality or 0	Concentration		NO. EX.	Frequency Analysis	Sample Type	
			Average	Units	Minimum	Average	Maximum	Units				
NON-CONTACT COOLING WATER (009) FLOW RATE	Sample Measurement		68,571	Barrels/					0	4 / a th-	Fellowska	
	Permit	2 - 2 - 2 4 C 4 C	30,571	Day					0	1/month	Estimate	
July	Requirement		Report	20,						1/month	Estimate	
•	Sample			<u> </u>		raction and the second				17/11OTEL	Latimate	
	Measurement		68,571	Barrels/					0	1/month	Estimate	
	Permit			Day		Carolina Capación de la			-	- Immortan	Louinate	
August	Requirement		Report							1/month	Estimate	
	Sample											
	Measurement		68,571	Barrels/					0	1/month	Estimate	
	Permit			Day								
September	Requirement		Report	<u> </u>						1/month	Estimate	
NON-CONTACT COOLING WATER (009)	Sample				No floating solids in the	No floating solids in the receiving water.					Visual -	
FOAM, FLOATING SOLIDS	Measurement		0	# Days	No foam in the receivin				0	1/day	Daylight	
July	Permit Requirement		None	Observed	No floating solids in the					1 40-	Visual -	
			None	_	No foam in the receivin			- Indiana Na		1/day	Daylight	
	Sample Measurement		0	# Davis	No floating solids in the					4/4	Visual -	
	Permit		 	# Days Observed	No foam in the receivin				0	1/day	Daylight	
August	Requirement		None		No floating solids in the	=				1/day	Visual -	
riagaot	Sample		140110		No foam in the receivin			1/day	Daylight Visual -			
	Measurement		l o	# Days	No foam in the receivin		0	1/day	Daylight			
	Permit	Assessment design		Observed						- inday	Visual -	
September	Requirement		None		No foam in the receivin			1/day	Daylight			
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALT	TY OF LAW THAT THIS DOCUM	ENT AND ALL ATTACHMENT	'S WERE PREPARED UNDER	T T		TELEPHONI		DATE		
Jim Guion Executive Vice President, Chief Operating Officer		MY DIRECTION OR SUPER PERSONNEL PROPERLY (PERSON OR PERSONS W GATHERING THE INFORM	RVISION IN ACCORDANCE WITH GATHER AND EVALUATE THE IN VIHO MANAGE THE SYSTEM, OR	HA SYSTEM DESIGNED TO NFORMATION SUBMITTED. THOSE PERSONS DIRECTI	ASSURE THAT QUALIFIED BASED ON MY INQUIRY OF THE	m. Pl	at	(562) 628		10 22	2014	
		BELIEF, TRUE, ACCURATE	E, AND COMPLETE. I AM AWAR		ICANT PENALTIES FOR	Marina Robertson,	HSE Manager					
		1	RMATION INCLUDING THE POS									
TYPED OR PRINTED		l .	C. & 1001 AND 33 U.S.C. & 1319			Signature of PRINCIPAL		Area		MONTH/I	DAY/YEAR	
COMMENT AND EXPLANATION OF ANY VIOLA			OR MAXIMUM IMPRISONMENT	OF BETWEEN 6 MONTHS A	AND 5 YEARS)	OFFICER or AUTHORIZ	ED AGENT	Code Nu	mber			

LOCATION: 33° 33' 49.61"LAT., 118° 06' 59.38"LONG.

Beta Platform Eureka

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

From: 14 07 01

DISCHARGE MONITORING REPORT (DMR)

No Discharge

Approved Form OMB No. 2000-0015

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CAG280000 PERMIT NO. Blowout Preventer Fluids

006,007,010,011,012,013,014

DISCHARGE NO.

Blowout Preventer Fluids

Desalination Unit

Ballast/Storage Displacement

__Bilge Water

 MONITORING PERIOD
 Boiler Blowdown

 YR
 MO
 DAY
 Test Fluids

To: 14 09 30

Diatomaceous Earth Filter Media

NOTE: Read instructions before completing this form

								NOTE. Read Insti		fore completing thi	
PARAMETER			Quantity or Lo	oading		Quality or Con	centration	NO. EX.		Frequency Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units		•	
(006) Blowout Preventer Fluids	Sample			He less tell							
FREE OIL, FOAM, FLOATING	Measurement					No Discharge					
SOLIDS	Permit				No free oil or floating sol	lids in the receiving water.				1/month	Visual
July - September	Requirement				No foam, in other than tr	race amounts, in the receiving v	vater.			1/discharge	Rec. Wate
(007) Desalination Unit	Sample										
FOAM, FLOATING SOLIDS	Measurement					No Discharge					
	Permit				No floating solids in the r	receiving water.				1/month	Visual
July - September	Requirement				No foam, in other than tr	race amounts, in the receiving v	vater.			1/discharge	Rec. Wate
(010) Ballast/Storage Displacement Water	Sample										
FLOW RATE, FREE OIL, FOAM, FLOATING	Measurement			Monthly		No Discharge					
SOLIDS	Permit			Average	No free oil or floating sol	lids in the receiving water.				1/month	Estimate /
July - September	Requirement	Report		bbl/day	No foam, in other than tr	race amounts, in the receiving v	vater.			1/discharge	Visual Dayligh
(011) Bilge Water FLOW RATE	Sample		A GEORGE		8				11		
FREE OIL, FOAM, FLOATING SOLIDS	Measurement			Monthly		No Discharge					
	Permit			Average	No free oil or floating sol	lids in the receiving water.				1/month	Estimate
July - September	Requirement	Report		bbl/day	No foam, in other than tr	race amounts, in the receiving	vater.			1/discharge	
(012) Boiler Blowdown	Sample										
FOAM, FLOATING SOLIDS	Measurement					No Discharge					
	Permit	NEW TERMS	g and the state of		No floating solids in the i	receiving water.				1/month	Visual
July - September	Requirement				No foam, in other than to	race amounts, in the receiving	vater.			1/discharge	Rec. Wate
(013) Test Fluids * FLOW RATE, FREE OIL	Sample			Call and Holey							
FOAM, FLOATING SOLIDS	Measurement			Monthly		No Discharge					
	Permit	4.0 4923.02		Average	No free oil or floating so	lids in the receiving water.				1/month	Estimate /
July - September	Requirement	Report		bbl/day	No foam, in other than to	race amounts, in the receiving	water.			1/discharge	Visual Dayligh
(014) Diatomaceous Earth Filter Media	Sample	ALTERNATION OF THE PARTY OF THE									
FREE OIL, FOAM, FLOATING SOLIDS	Measurement					No Discharge					
, , , , , , , , , , , , , , , , , , , ,	Permit		esemple to the		No free oil or floating so	lids in the receiving water.				1/month	Visual
July - September	Requirement				No foam, in other than to	race amounts, in the receiving	water.			1/discharge	Rec. Wate
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	L	I CERTIFY UNDER PENALT	TY OF LAW THAT THIS DOCUME	ENT AND ALL ATTACHMEN	TS WERE PREPARED UNDER			TELEPHONE		DATE	
		MY DIRECTION OR SUPER	RVISION IN ACCORDANCE WITH	A SYSTEM DESIGNED TO	ASSURE THAT QUALIFIED		A				
Jim Guion		PERSONNEL PROPERLY	GATHER AND EVALUATE THE IN	NFORMATION SUBMITTED.	BASED ON MY INQUIRY OF THE	$\gamma \gamma (V)$					
Executive Vice President,		PERSON OR PERSONS W	/HO MANAGE THE SYSTEM, OR	THOSE PERSONS DIRECT	TLY RESPONSIBLE FOR	1.0,		(562) 628	-1526	10 22	2014
Chief Operating Officer		GATHERING THE INFORM	MATION, THE INFORMATION SUB	BMITTED IS, TO THE BEST	OF MY KNOWLEDGE AND						
		BELIEF, TRUE, ACCURATE	E, AND COMPLETE. I AM AWARE	E THAT THERE ARE SIGNIF	FICANT PENALTIES FOR	Marina Robertson, I	HSE Manager				
		SUBMITTING FALSE INFO	RMATION INCLUDING THE POS	SIBILITY OF FINE AND IMP	PRISONMENT FOR KNOWING						
		VIOLATIONS, SEE 18 U.S.	C. & 1001 AND 33 U.S.C. & 1319.	. (PENALTIES UNDER THE	SE STATUTES MAY INCLUDE	Signature of PRINCIPAL EXE	CUTIVE	Area		MONTH/E	AY/YEAR
TYPED OR PRINTED		FINES UP TO \$10,000 AND	OR MAXIMUM IMPRISONMENT	OF BETWEEN 6 MONTHS	AND 5 YEARS)	OFFICER or AUTHORIZED A	GENT	Code Nu	mber		

^{*}See Chemical Inventory, if discharged.

LOCATION: 33° 33' 49.61"LAT., 118° 06' 59.38"LONG.

Beta Platform Eureka

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

No	Disc	harge
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CAG28	0000
PERMIT	NO.

015, 016, 017, 018, 020, 021

DISCHARGE NO.

Bulk Water Transfer Overflow Uncontaminated Water
Water Flooding Discharges

Approved Form OMB No. 2000-0015

MONITORING PERIOD
YR MO DAY YR MO

Laboratory Wastes (commingled with deck drains)
Muds, Cuttings, Cement at Sea

R MO DAY YR MO DAY Muds, Cuttings, 1
From: 14 07 01 To: 14 09 30 Hydrotest Water

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
			Average	Units	Minimum	Average	Maximum	Units		7	.,,,,,
(015) Bulk Transfer Water Overflow	Sample	14 12 24 15			No floating solids in the receiving water.					1/month	Visual
FOAM, FLOATING SOLIDS	Measurement				No foam, in other than trace amounts, in the receiving water. No floating solids in the receiving water.			0	1/discharge	Rec. Water	
	Permit							Sels in	1/month	Visual	
July - September	Requirement				No foam, in other than	trace amounts, in the receiv	ing water.			1/discharge	Rec. Water
(016) Uncontaminated Water 1	Sample				No floating solids in the	receiving water.				1/month	Visual
FOAM, FLOATING SOLIDS	Measurement				No foam, in other than	trace amounts, in the receiv	ing water.		0	1/discharge	Rec. Water
	Permit				No floating solids in the	receiving water.				1/month	Visual
July - September	Requirement				No foam, in other than	trace amounts, in the receiv	ing water.			1/discharge	Rec. Water
(017) Water Flooding Discharges	Sample										
FREE OIL, FOAM, FLOATING SOLIDS*	Measurement					No Discharge					
	Permit				No free oil or floating so	olids in the receiving water.				1/month	Visual
July - September	Requirement				No foam, in other than	trace amounts, in the receiv	ing water.			1/discharge	Rec. Water
(018) Laboratory Wastes FREE OIL,	Sample										
FOAM, FLOATING SOLIDS	Measurement					No Discharge					
(commingled with deck drains)	Permit				No free oil or floating solids in the receiving water.				1/month	Visual	
July - September	Requirement				No foam, in other than trace amounts, in the receiving water.					1/discharge	Rec. Water
(020) Muds, Cuttings, Cement at Sea Floor	Sample										
FREE OIL, FOAM, FLOATING SOLIDS*	Measurement				No Discharge						
	Permit				No free oil or floating solids in the receiving water.				1/month	Visual	
July - September	Requirement				No foam, in other than trace amounts, in the receiving water.				1/discharge	Rec. Water	
(021) Hydrotest Water * FLOW RATE	Sample										
FREE OIL, FOAM, FLOATING SOLIDS*	Measurement			Monthly		No Discharge					
	Permit			Average	No free oil or floating so	olids in the receiving water.				1/month	Estimate /
July - September	Requirement	Report		bbl/day	No foam, in other than	trace amounts, in the receiv	ing water.			1/discharge	Visual Daylight
(021) HYDROTEST WATER	Sample					No	No				
CHLORINE	Measurement					Discharge	Discharge	ug/L			
	Permit									1/month	
July - September	Requirement					N/A	N/A			1/discharge	Grab
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER			TS WERE PREPARED UNDER			TELEPHONE		DATE	
		MY DIRECTION OR SUPER	RVISION IN ACCORDANCE WITH	A SYSTEM DESIGNED TO	ASSURE THAT QUALIFIED	1 (12)					
Jim Guion			PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE			\mathcal{M}	at				
Executive Vice President,	cecutive Vice President,		PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR					(562) 628-	(562) 628-1526		2014
Chief Operating Officer		CATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR		OF MY KNOWLEDGE AND			1				
				Marina Robertson, HSE Manager							
		SUBMITTING FALSE INFO	RMATION INCLUDING THE POS	SIBILITY OF FINE AND IMP	RISONMENT FOR KNOWING						
		VIOLATIONS, SEE 18 U.S.	C. & 1001 AND 33 U.S.C. & 1319.	(PENALTIES UNDER THES	SE STATUTES MAY INCLUDE	Signature of PRINCIPAL E	EXECUTIVE	Area		MONTH	I/DAY/YEAR
TYPED OR PRINTED		FINES UP TO \$10,000 AND	OR MAXIMUM IMPRISONMENT	OF BETWEEN 6 MONTHS	AND 5 YEARS)	Called Control of the		Code Nur	Code Number		
COMMENT AND EXPLANATION OF ANY VIOLA	TION (D.C.	!! -!!!									

¹ Uncontaminated water is combined with non-contact cooling water (refer to non-contact cooling water discharge 009)

^{*}See Chemical Inventory, if discharged.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDE\$)

DISCHARGE MONITORING REPORT (DMR)

No Discharge

Х

CAG280000 PERMIT NO. 022 DISCHARGE NO. Approved Form OMB No. 2000-0015

Beta Platform Eureka LOCATION: 33° 33' 49.61"LAT., 118° 06' 59.38"LONG.

	MC	NITORIN	NG PER	IOD		
YR	MO	DAY	YR	MO	DAY	
Fı	om: 14	07 01		To: 14	4 09 30	

H2S Gas Processing Waste Water

NOTE: Read instructions before completing this form,

PARAMETER		Quantity or Loading			Quality or Concentration			NO. EX.	Frequency Analysis	Sample Type	
		Average	Maximum	Units	Minimum	Average	Maximum	Units	⊢	Allalysis	Турс
(022) H2S Gas Processing Waste Water FLOW RATE	Sample Measurement			Monthly			1100000				
	Permit			Average							
July - September	Requirement	Report		bbl/day						1/discharge	Estimate
(022) H2S Gas Processing Waste Water	Sample								345566		
FREE OIL, FOAM, FLOATING SOLIDS	Measurement					No Discharge					
	Permit					lids in the receiving water	·.				Visual -
July - September	Requirement				No foam, in other than to	race amounts, in the rece	eiving water.			1/discharge	Daylight
Surfactants, Detergents, Dispersants	Sample									e (greener)	
	Measurement					Minimized			0		
	Permit					-					
	Requirement					Minimize					
				1							
	(A)										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	L	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMEN		NTS WERE PREPARED UNIDER		TELEPHONE		DATE			
Jim Guion Executive Vice President, Chief Operating Officer		MY DIRECTION OR SUPER PERSONNEL PROPERLY PERSON OR PERSONS W GATHERING THE INFORM	/HO MANAGE THE SYSTEM, OR	HA SYSTEM DESIGNED TO WFORMATION SUBMITTED. THOSE PERSONS DIRECT BMITTED IS, TO THE BEST	ASSURE THAT QUALIFIED BASED ON MY INQUIRY OF THE LY RESPONSIBLE FOR OF MY KNOWLEDGE AND	M. [2]	ent_	(562) 628	3-1526	10 22	2014
			E, AND COMPLETE. I AM AWARI			Marina Roberts	on, HSE Manager				
			RMATION INCLUDING THE POS C. & 1001 AND 33 U.S.C. & 1319		RISONMENT FOR KNOWING SE STATUTES MAY INCLUDE	Signature of PRINCIPA	LEXECUTIVE	Area		MONTH/D	AY/YEAR
TYPED OR PRINTED FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS A			OR MAXIMUM IMPRISONMENT	OF BETWEEN 6 MONTHS	AND 5 YEARS)	OFFICER or AUTHORIZ			ımber		

Attachment 2 Chemical Inventory

ATTACHMENT 2 PLATFORM EUREKA MISCELLANEOUS DISCHARGES CHEMICAL INVENTORY July 1, 2014 through September 30, 2014

Fluid Type	<u>Volume</u> (Monthly avg bbls per day)	<u>Product Name</u>	Estimated Chemical Quantity (Monthly avg gal per day)	Average End-of-Pipe ₁ Concentration (mg/l)
009 Non-contact Cooling Water				
(combined with excess seawater)				
July	68,571	Chlorine	1.44	0.5
August	68,571	Chlorine	1.15	0.4
September	68,571	Chlorine	1.15	0.4
008 Fire Control System Water	N/A	None	N/A	N/A
013 Test Fluids	No Discharge	No Discharge	None	None
017 Water Flooding Discharges	No Discharge	No Discharge	None	None
021 Hydrotest Water	No Discharge	No Discharge	None	None

¹ Chemical quantity for non-contact cooling water calculated with Operations monitoring results using a non-EPA chlorine test method (Hach DPD Color Wheel).

N / A: Not chlorinated.

Attachment 3 Non-Contact Cooling Water Chlorine Residual Results



September 8, 2014

Quality Control

As part of the annual in-house quality control chlorine meter check and to ensure proper operation of the meters, LTS Environmental performed a total residual chlorine test with a known value obtained from RT Corporation. Results of this test are as follows:

Test Date September 5, 2014

> LTS meter (SN 041200088375) LTS meter (SN 12040E195572)

RT Corporation test sample: (Lot #QC1065-021081)

Acceptance Limits
Certified Value

Total Residual Chlorine

(EPA Method 330.5)

0.57 mg/l 0.52 mg/l

0.481 - 0.835 mg/l $0.658 \text{ mg/l} \pm 0.0110$

Method Blank < 0.05 mg/l

LTS Lead Technician: Mike Apple

S.G. Lawry

Environmental Specialist

President, LTS



August 5, 2014

Attn: Marina Robertson

Quarterly NPDES chlorine residuals on the non-contact cooling water outlet were as follows:

Sample Date / Time

Location

Total Chlorine Residual
(EPA Method 330.5)

End of Pipe

Platform Eureka

July 29, 2014 @ 1630 hrs

Non-Contact Cooling Water Outlet
West Seawater Pump

LTS Meter S/N: 12040E195572

Method Blank < 0.05 mg/l (MDL)

Technician: Cole Jenkins

S.G. Lawry

Environmental Specialist / LTS